

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2020 DC Small Group

Project Name/Number: /

Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2020 DC Small Group

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Date Submitted: 05/23/2019

SERFF Tr Num: KPMA-131935469

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Implementation 01/01/2020

Date Requested:

Author(s): Stephen Chuang, John Xu, Ky Le, Sheebani Patel, Shaunteria Scott

Reviewer(s): Damon Siler (primary), Efren Tanhehco, John Morgan, Dave Dillon

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Overall Rate Impact: 3%
Filing Status Changed: 05/28/2019
State Status Changed: Deemer Date:
Created By: Stephen Chuang Submitted By: Stephen Chuang
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This is the 2020 Small Group rate filing for plans offered on exchange.

Company and Contact

Filing Contact Information

Stephen Chuang, Actuarial Analyst II stephen.chuang@kp.org
2101 E. Jefferson St 301-816-5854 [Phone]
Rockville, MD 20852

Filing Company Information

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	CoCode: 95639	State of Domicile: Maryland
2101 E Jefferson St.	Group Code:	Company Type: Health
Rockville, MD 20852	Group Name:	Maintenance Organization
(301) 816-6867 ext. [Phone]	FEIN Number: 52-0954463	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO**Product Name:** 2020 DC Small Group**Project Name/Number:** /**Post Submission Update Request Processed On 05/29/2019****Status:** Allowed**Created By:** Stephen Chuang**Processed By:** Damon Siler**Comments:****Company Rate Information:**

Company Name:Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Field Name	Requested Change	Prior Value
Product:	NEW	
Product Name	DC Small Group	
Number of Covered Lives	3876	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2020 DC Small Group		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	01/01/2019
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	KPMA-131465755

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Increase	3.000%	3.000%	\$576,585	2,609	\$23,236,908	6.000%	1.900%

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Product Name: 2020 DC Small Group

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC Small Group			3876

Trend Factors:

FORMS:

New Policy Forms: DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-COST(01-20)HIX, DC-SG-BRONZE-6150-50-POS-DENTAL-COST(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-POS-RX(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-POS-RX(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-POS-RX(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-20)HIX

Affected Forms:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO

Product Name: 2020 DC Small Group

Project Name/Number: /

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly

Member Months: 54,232

Benefit Change: Increase

Percent Change Requested: Min: 1.9 Max: 6.0 Avg: 3.0

PRIOR RATE:

Total Earned Premium: 22,140,634.00

Total Incurred Claims: 19,219,523.00

Annual \$: Min: 225.51 Max: 998.79 Avg: 382.92

REQUESTED RATE:

Projected Earned Premium: 23,236,908.00

Projected Incurred Claims: 22,234,607.00

Annual \$: Min: 293.75 Max: 1,060.91 Avg: 383.20

SERFF Tracking #:	KPMA-131935469	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2020 DC Small Group		
Project Name/Number:	/		

Rate/Rule Schedule

SERFF Tracking #:

KPMA-131935469

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2020 DC Small Group

Project Name/Number:

/

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2020 DC SG Rate Sheets	DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-COST(01-20)HIX, DC-SG-BRONZE-6150-50-POS-	Revised	Previous State Filing Number: KPMA-131465755 Percent Rate Change Request: 3.7	2020 DC Small Group Rate Sheet exhibits v1.pdf,

SERFF Tracking #:

KPMA-131935469

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2020 DC Small Group

Project Name/Number:

/

			DENTAL-COST(01-20)HIX, DC-SG-BRONZE-5750-30- 20%-HSA-DENTAL-HDHP- COST(01-20)HIX, DC-SG- BRONZE-6550-0%-HSA- DENTAL-HDHP-COST(01- 20)HIX, DC-SG-PLATINUM-0- 10-DENTAL-HMO-RX(01- 20)HIX, DC-SG-PLATINUM-0- 10-HMOPLUS-DENTAL- RX(01-20)HIX, DC-SG- PLATINUM-500-10-DENTAL- DHMO-RX(01-20)HIX, DC-SG- GOLD-0-20-DENTAL-HMO- RX(01-20)HIX, DC-SG-GOLD- 0-20-HMOPLUS-DENTAL- RX(01-20)HIX, DC-SG-GOLD- 500-20-DENTAL-DHMO- RX(01-20)HIX, DC-SG-GOLD- 1000-20-DENTAL-DHMO- RX(01-20)HIX, DC-SG-GOLD- 1000-20-DENTAL-POS-RX(01- 20)HIX, DC-SG-GOLD-1500- 20-DENTAL-DHMO-RX(01- 20)HIX, DC-SG-GOLD-1500- 20-DHMOPLUS-DENTAL- RX(01-20)HIX, DC-SG-GOLD- 1700-0%-HSA-DENTAL- HDHP-RX(01-20)HIX, DC-SG- SILVER-2000-40-DENTAL- DHMO-RX(01-20)HIX, DC-SG- SILVER-2000-40-DHMOPLUS- DENTAL-RX(01-20)HIX, DC- SG-SILVER-2500-40- DENTAL-DHMO-RX(01- 20)HIX, DC-SG-SILVER-2500- 40-DENTAL-POS-RX(01- 20)HIX, DC-SG-SILVER-2000- 30-0%-HSA-DENTAL-HDHP- RX(01-20)HIX, DC-SG- SILVER-2500-30-0%-HSA- DENTAL-HDHP-RX(01- 20)HIX, DC-SG-BRONZE- 6150-50-DENTAL-DHMO- RX(01-20)HIX, DC-SG- BRONZE-6150-50-DENTAL- POS-RX(01-20)HIX, DC-SG-		
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TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2020 DC Small Group		
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			BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-20)HIX			
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$308.44	\$302.25	\$278.30	\$271.97	\$270.35	\$267.12	\$267.30
21	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
22	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
23	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
24	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
25	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
26	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
27	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
28	\$350.89	\$343.84	\$316.60	\$309.40	\$307.55	\$303.88	\$304.09
29	\$358.43	\$351.23	\$323.41	\$316.05	\$314.16	\$310.42	\$310.63
30	\$367.39	\$360.02	\$331.49	\$323.95	\$322.02	\$318.18	\$318.39
31	\$376.82	\$340.26	\$340.00	\$332.27	\$330.28	\$326.35	\$326.57
32	\$385.31	\$377.58	\$347.66	\$339.75	\$337.73	\$333.70	\$333.93
33	\$394.27	\$386.36	\$355.75	\$347.65	\$345.58	\$341.46	\$341.69
34	\$403.71	\$395.60	\$364.26	\$355.97	\$353.85	\$349.63	\$349.87
35	\$413.14	\$404.84	\$372.77	\$364.29	\$362.11	\$357.80	\$358.04
36	\$422.57	\$414.09	\$381.28	\$372.61	\$370.38	\$365.96	\$366.21
37	\$432.00	\$423.33	\$389.79	\$380.92	\$378.65	\$374.13	\$374.39
38	\$437.19	\$428.41	\$394.47	\$385.50	\$383.20	\$378.63	\$378.88
39	\$442.38	\$433.50	\$399.15	\$390.07	\$387.74	\$383.12	\$383.38
40	\$459.83	\$450.60	\$414.90	\$405.46	\$403.04	\$398.23	\$398.50
41	\$477.75	\$468.16	\$431.07	\$421.26	\$418.75	\$413.75	\$414.03
42	\$496.62	\$486.64	\$448.09	\$437.89	\$435.28	\$430.09	\$430.38
43	\$515.95	\$505.59	\$465.53	\$454.94	\$452.23	\$446.84	\$447.14
44	\$536.23	\$525.47	\$483.83	\$472.83	\$470.00	\$464.40	\$464.72
45	\$556.98	\$545.80	\$502.56	\$491.12	\$488.19	\$482.37	\$482.70
46	\$578.68	\$567.06	\$522.13	\$510.25	\$507.21	\$501.16	\$501.50
47	\$601.32	\$589.24	\$542.56	\$530.21	\$527.05	\$520.76	\$521.12
48	\$624.90	\$612.35	\$563.83	\$551.01	\$547.72	\$541.19	\$541.56
49	\$649.42	\$636.38	\$585.96	\$572.63	\$569.21	\$562.42	\$562.81
50	\$674.89	\$661.34	\$608.94	\$595.09	\$591.54	\$584.48	\$584.88
51	\$701.30	\$687.22	\$632.77	\$618.38	\$614.69	\$607.35	\$607.77
52	\$728.65	\$714.02	\$657.45	\$642.50	\$638.66	\$631.04	\$631.47
53	\$756.95	\$741.75	\$682.98	\$667.45	\$663.46	\$655.55	\$656.00
54	\$786.66	\$770.87	\$709.79	\$693.65	\$689.51	\$681.28	\$681.75
55	\$817.32	\$800.91	\$737.45	\$720.68	\$716.38	\$707.83	\$708.31
56	\$849.39	\$832.33	\$766.39	\$748.95	\$744.48	\$735.60	\$736.11
57	\$882.40	\$864.68	\$796.17	\$778.06	\$773.42	\$764.19	\$764.72
58	\$916.83	\$898.42	\$827.24	\$808.42	\$803.60	\$794.01	\$794.55
59	\$952.67	\$933.54	\$859.58	\$840.03	\$835.01	\$825.05	\$825.62
60	\$989.93	\$970.05	\$893.20	\$872.88	\$867.67	\$857.32	\$857.91
61	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
62	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
63	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
64+	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective March 31, 2020
District of Columbia Small Group Exchange
Appendix II-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$311.64	\$305.38	\$281.18	\$274.79	\$273.15	\$269.89	\$270.07
21	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
22	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
23	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
24	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
25	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
26	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
27	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
28	\$354.53	\$347.40	\$319.88	\$312.61	\$310.74	\$307.03	\$307.24
29	\$362.14	\$354.87	\$326.76	\$319.33	\$317.42	\$313.64	\$313.85
30	\$371.20	\$363.75	\$334.93	\$327.31	\$325.36	\$321.48	\$321.69
31	\$380.72	\$373.09	\$343.52	\$335.71	\$333.70	\$329.73	\$329.95
32	\$389.30	\$381.49	\$351.26	\$343.27	\$341.23	\$337.16	\$337.39
33	\$398.36	\$390.36	\$359.44	\$351.25	\$349.16	\$345.00	\$345.23
34	\$407.89	\$399.70	\$368.03	\$359.66	\$357.52	\$353.25	\$353.50
35	\$417.42	\$409.04	\$376.63	\$368.06	\$365.86	\$361.51	\$361.75
36	\$426.95	\$418.38	\$385.23	\$376.47	\$374.22	\$369.75	\$370.00
37	\$436.48	\$427.72	\$393.83	\$384.87	\$382.57	\$378.01	\$378.27
38	\$441.72	\$432.85	\$398.56	\$389.49	\$387.17	\$382.55	\$382.81
39	\$446.96	\$437.99	\$403.29	\$394.11	\$391.76	\$387.09	\$387.35
40	\$464.60	\$455.27	\$419.20	\$409.66	\$407.22	\$402.36	\$402.63
41	\$482.70	\$473.01	\$435.54	\$425.63	\$423.09	\$418.04	\$418.32
42	\$501.77	\$491.68	\$452.73	\$442.43	\$439.79	\$434.55	\$434.84
43	\$521.30	\$510.83	\$470.35	\$459.65	\$456.92	\$451.47	\$451.77
44	\$541.79	\$530.92	\$488.84	\$477.73	\$474.87	\$469.21	\$469.54
45	\$562.75	\$551.46	\$507.77	\$496.21	\$493.25	\$487.37	\$487.70
46	\$584.68	\$572.94	\$527.54	\$515.54	\$512.47	\$506.35	\$506.70
47	\$607.55	\$595.35	\$548.18	\$535.70	\$532.51	\$526.16	\$526.52
48	\$631.38	\$618.70	\$569.67	\$556.72	\$553.40	\$546.80	\$547.17
49	\$656.15	\$642.97	\$592.03	\$578.56	\$575.11	\$568.25	\$568.64
50	\$681.88	\$668.19	\$615.25	\$601.26	\$597.67	\$590.54	\$590.94
51	\$708.57	\$694.34	\$639.33	\$624.79	\$621.06	\$613.64	\$614.07
52	\$736.20	\$721.42	\$664.26	\$649.16	\$645.28	\$637.58	\$638.01
53	\$764.79	\$749.44	\$690.06	\$674.37	\$670.34	\$662.34	\$662.80
54	\$794.81	\$778.86	\$717.15	\$700.84	\$696.66	\$688.34	\$688.81
55	\$825.79	\$809.21	\$745.09	\$728.15	\$723.80	\$715.16	\$715.65
56	\$858.19	\$840.96	\$774.33	\$756.71	\$752.19	\$743.22	\$743.74
57	\$891.54	\$873.64	\$804.42	\$786.12	\$781.43	\$772.11	\$772.64
58	\$926.33	\$907.73	\$835.81	\$816.80	\$811.93	\$802.24	\$802.78
59	\$962.54	\$943.21	\$868.49	\$848.73	\$843.66	\$833.60	\$834.18
60	\$1,000.19	\$980.10	\$902.46	\$881.93	\$876.66	\$866.20	\$866.80
61	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
62	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
63	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
64+	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$314.87	\$308.55	\$284.10	\$277.64	\$275.98	\$272.68	\$272.87
21	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
22	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
23	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
24	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
25	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
26	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
27	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
28	\$358.20	\$351.00	\$323.20	\$315.85	\$313.96	\$310.21	\$310.42
29	\$365.90	\$358.55	\$330.15	\$322.63	\$320.70	\$316.89	\$317.10
30	\$375.04	\$367.52	\$338.40	\$330.70	\$328.73	\$324.81	\$325.02
31	\$384.67	\$376.95	\$347.08	\$339.19	\$337.16	\$333.15	\$333.37
32	\$393.34	\$385.45	\$354.90	\$346.83	\$344.77	\$340.65	\$340.89
33	\$402.48	\$394.41	\$363.16	\$354.89	\$352.78	\$348.57	\$348.81
34	\$412.12	\$403.84	\$371.85	\$363.39	\$361.22	\$356.91	\$357.16
35	\$421.75	\$413.27	\$380.54	\$371.88	\$369.65	\$365.25	\$365.50
36	\$431.37	\$422.72	\$389.22	\$380.37	\$378.10	\$373.58	\$373.84
37	\$441.00	\$432.15	\$397.91	\$388.86	\$386.54	\$381.92	\$382.19
38	\$446.30	\$437.33	\$402.69	\$393.53	\$391.18	\$386.52	\$386.77
39	\$451.60	\$442.53	\$407.47	\$398.20	\$395.82	\$391.10	\$391.37
40	\$469.41	\$459.99	\$423.54	\$413.91	\$411.44	\$406.53	\$406.80
41	\$487.70	\$477.91	\$440.05	\$430.04	\$427.47	\$422.37	\$422.66
42	\$506.97	\$496.78	\$457.42	\$447.01	\$444.35	\$439.05	\$439.35
43	\$526.70	\$516.12	\$475.23	\$464.42	\$461.65	\$456.15	\$456.46
44	\$547.40	\$536.42	\$493.91	\$482.68	\$479.79	\$474.07	\$474.40
45	\$568.58	\$557.17	\$513.03	\$501.35	\$498.36	\$492.42	\$492.76
46	\$590.74	\$578.87	\$533.01	\$520.88	\$517.78	\$511.60	\$511.95
47	\$613.85	\$601.52	\$553.86	\$541.26	\$538.03	\$531.61	\$531.98
48	\$637.92	\$625.11	\$575.58	\$562.49	\$559.13	\$552.46	\$552.84
49	\$662.95	\$649.64	\$598.17	\$584.56	\$581.07	\$574.14	\$574.53
50	\$688.95	\$675.12	\$621.63	\$607.49	\$603.86	\$596.66	\$597.06
51	\$715.91	\$701.54	\$645.95	\$631.26	\$627.50	\$620.00	\$620.43
52	\$743.83	\$728.89	\$671.15	\$655.88	\$651.96	\$644.19	\$644.63
53	\$772.72	\$757.20	\$697.21	\$681.35	\$677.28	\$669.21	\$669.67
54	\$803.05	\$786.93	\$724.58	\$708.10	\$703.87	\$695.47	\$695.95
55	\$834.35	\$817.59	\$752.81	\$735.69	\$731.30	\$722.58	\$723.07
56	\$867.08	\$849.67	\$782.36	\$764.55	\$759.99	\$750.92	\$751.45
57	\$900.78	\$882.69	\$812.76	\$794.27	\$789.53	\$780.11	\$780.65
58	\$935.93	\$917.14	\$844.47	\$825.26	\$820.34	\$810.55	\$811.10
59	\$972.52	\$952.99	\$877.49	\$857.53	\$852.41	\$842.24	\$842.82
60	\$1,010.55	\$990.26	\$911.81	\$891.06	\$885.75	\$875.18	\$875.78
61	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
62	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
63	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
64+	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective September 30, 2020
District of Columbia Small Group Exchange
Appendix IV-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$318.13	\$311.74	\$287.04	\$280.51	\$278.84	\$275.51	\$275.70
21	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
22	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
23	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
24	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
25	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
26	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
27	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
28	\$361.91	\$354.64	\$326.54	\$319.12	\$317.21	\$313.43	\$313.64
29	\$369.69	\$362.26	\$333.57	\$325.98	\$324.03	\$320.17	\$320.39
30	\$378.93	\$371.33	\$341.90	\$334.13	\$332.13	\$328.17	\$328.39
31	\$388.66	\$380.86	\$350.68	\$342.71	\$340.65	\$336.60	\$336.83
32	\$397.41	\$389.44	\$358.58	\$350.42	\$348.34	\$344.18	\$344.42
33	\$406.65	\$398.50	\$366.92	\$358.57	\$356.44	\$352.19	\$352.42
34	\$416.39	\$408.03	\$375.70	\$367.15	\$364.96	\$360.61	\$360.86
35	\$426.12	\$417.56	\$384.48	\$375.73	\$373.48	\$369.04	\$369.29
36	\$435.84	\$427.10	\$393.26	\$384.31	\$382.01	\$377.46	\$377.71
37	\$445.57	\$436.63	\$402.03	\$392.89	\$390.54	\$385.88	\$386.15
38	\$450.92	\$441.87	\$406.86	\$397.61	\$395.24	\$390.52	\$390.78
39	\$456.28	\$447.12	\$411.69	\$402.32	\$399.92	\$395.15	\$395.42
40	\$474.27	\$464.75	\$427.93	\$418.20	\$415.70	\$410.74	\$411.02
41	\$492.76	\$482.87	\$444.61	\$434.49	\$431.90	\$426.75	\$427.04
42	\$512.22	\$501.93	\$462.16	\$451.64	\$448.95	\$443.60	\$443.90
43	\$532.16	\$521.47	\$480.15	\$469.23	\$466.43	\$460.88	\$461.19
44	\$553.07	\$541.98	\$499.03	\$487.68	\$484.76	\$478.99	\$479.32
45	\$574.48	\$562.94	\$518.35	\$506.55	\$503.52	\$497.52	\$497.86
46	\$596.86	\$584.87	\$538.53	\$526.28	\$523.14	\$516.90	\$517.25
47	\$620.21	\$607.75	\$559.60	\$546.86	\$543.61	\$537.12	\$537.49
48	\$644.53	\$631.58	\$581.54	\$568.32	\$564.92	\$558.19	\$558.57
49	\$669.82	\$656.37	\$604.37	\$590.62	\$587.09	\$580.09	\$580.49
50	\$696.09	\$682.11	\$628.07	\$613.78	\$610.12	\$602.84	\$603.25
51	\$723.33	\$708.81	\$652.65	\$637.80	\$634.00	\$626.43	\$626.86
52	\$751.54	\$736.45	\$678.10	\$662.68	\$658.72	\$650.86	\$651.31
53	\$780.73	\$765.05	\$704.43	\$688.42	\$684.30	\$676.14	\$676.61
54	\$811.37	\$795.08	\$732.09	\$715.44	\$711.17	\$702.68	\$703.16
55	\$842.99	\$826.07	\$760.61	\$743.32	\$738.88	\$730.06	\$730.56
56	\$876.07	\$858.47	\$790.46	\$772.48	\$767.86	\$758.71	\$759.23
57	\$910.12	\$891.84	\$821.18	\$802.50	\$797.71	\$788.19	\$788.74
58	\$945.63	\$926.64	\$853.22	\$833.81	\$828.84	\$818.95	\$819.51
59	\$982.59	\$962.86	\$886.58	\$866.42	\$861.24	\$850.97	\$851.55
60	\$1,021.02	\$1,000.52	\$921.26	\$900.30	\$894.92	\$884.25	\$884.86
61	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
62	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
63	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
64+	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41

SERFF Tracking #:

KPMA-131935469

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2020 DC Small Group

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2020 DC SG Actuarial Memorandum and Exhibits v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2020 DC SG Actuarial Memorandum and Exhibits v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2020 DC SG Actuarial Memorandum and Exhibits v1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC 2020 Small Group Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2020 DC Small Group		
Project Name/Number:	/		

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Kaiser SG DC Actuarial_Memo_Dataset_2020_outgoing_v1.pdf Kaiser SG DC Actuarial_Memo_Dataset_2020_outgoing_v1.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT-v50-508d_2020_DC_SG_v1.pdf URRT-v50-508d_2020_DC_SG_v1.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2020_DC_SG_Part_II_Justification_Plain_Language_Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	2020 DC SG AV Screenshots v1.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	2020 DC Small Group		
Project Name/Number:	/		

Satisfied - Item:	Absolute Maximum Premium Increase
Comments:	
Attachment(s):	Absolute Maximum Premium Increase Exhibit.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Rate Filing Checklist
Comments:	
Attachment(s):	2020_DC_KPIF_SG_rate_filing_checklist_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV and Cost Sharing Design
Comments:	
Attachment(s):	DC SG Actuarial Value and Cost-Sharing Design.xlsx
Item Status:	
Status Date:	

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2020 DC Small Group

Project Name/Number: /

Attachment Kaiser SG DC Actuarial_Memo_Dataset_2020_outgoing_v1.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRT-v50-508d_2020_DC_SG_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2020 DC SG AV Screenshots v1.xlsx is not a PDF document and cannot be reproduced here.

Attachment Absolute Maximum Premium Increase Exhibit.xlsx is not a PDF document and cannot be reproduced here.

Attachment DC SG Actuarial Value and Cost-Sharing Design.xlsx is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2020 Small Group Rate Filing
HIOS Issuer ID 94506
HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-COST(01-20)HIX, DC-SG-BRONZE-6150-50-POS-DENTAL-COST(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-POS-RX(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-POS-RX(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-POS-RX(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-20)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2020. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2019 Carrier Reference Manual* (May 2018, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2019 to 2020 is 3.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2020 to the 2019 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2020/2019
Based Period Experience	0.908
Base Period Utilization Copay	1.043
Pricing Trend	1.006
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	1.093
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	1.001
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	103.7%

Plan level rate changes are shown in row 20 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2020 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2018 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2020. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2018 base data includes 86,227 members months (average monthly of 7,186) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 3. It is then removed as a non-Essential Health Benefit in Exhibit 4. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 12. In 2018, KHFP added a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and the lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2018 and paid through 1/31/2019.

Premium:

Premium was captured for calendar year 2018 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Current Date:

We used January 2019 enrollment and premium as current enrollment and current premium.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section II is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell C30 is taken from Exhibit 2 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 2 Line 11.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (9) in the attached Exhibit 2 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2020 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 9.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, demographic shift, plan design, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 5. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,639.57.

Risk Adjustment

Exhibit 9 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2018) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2020) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

In 2020 rate filing, DISB requested rate filing submitted to DISB must include two sets of rates for two different risk adjustment scenarios. One scenario is for separate risk adjustment pool for individual and small group, the other is for merged risk adjustment pools for individual and small group. This actuarial memorandum is for the first scenario: separate risk adjustment pools for individual and small group, consistent with prior years’ filings.

Exhibit 9 includes the detailed development of risk adjustment factors and the impact on Small Group. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the

Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2020).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

The quarterly adjustments are based on an annual trend of 4.2%. The small group quarterly trend increase is 1.04%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,676	332	536	975	
Trend	4.2%	4.2%	4.2%	4.2%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.088	1.099	1.111	1.123	1.012

Profit and Risk Margin

As mentioned above, the capital contribution of -36.59%, shown in Exhibit 10, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2020 rates more affordable.

Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year. However, this federal health insurance provider fee will come back in 2020.

The amount is shown as percent in Exhibit 10.

Projected Loss Ratio

Based on a target admin percentage of -18.62%, which includes a -36.59% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 121.5%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 2 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 5.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 6 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2020 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 2 line 10 shows the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2018 to 2020, our projected total annualized medical expense trend for Small Group is 4.2% and is shown in Exhibit 8 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2).

Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2020 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Pricing AV values are included in Exhibit 12. The contributing plan factors include plan design factor, utilization factor, and network factor. The plan factors reflect both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 6 shows the development of the age calibration factor. The development starts with the average age in the projection period. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2020), we added the new adult preventative capitation rate (\$1.30 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 11 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section IV of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 9. Projected Membership distribution among metal tiers is based on January 2019 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:

KP DC Platinum HMO Plus 0/10/Dental/Sel

KP DC Gold HMO Plus 0/20/Dental/Sel

KP DC Gold DHMO Plus 1500/20/Dental/Sel

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 2 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 12. The final 2020 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Year to Year Change in Market Adjusted Index Rate
- Exhibit 2 – Index Rate and Market Index Rate Development
- Exhibit 3 – Allowed Claims Development
- Exhibit 4 – Non-EHB Adjustments
- Exhibit 5 – Utilization Copayment Effect Adjustment
- Exhibit 6 – Age Calibration Factor
- Exhibit 7 – Morbidity Factor
- Exhibit 8 – Trend Factors
- Exhibit 9 – Risk Adjustment Factor
- Exhibit 10 – Administrative Expense Factor
- Exhibit 11 – Contract Limit of 3 Children Factor
- Exhibit 12 – Plan Adjusted Index Rate Development
- Exhibit 13 – Age Factors
- Appendix I-A - 1st Quarter 2020 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2020 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2020 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2020 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2020 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2020 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2020 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2020 Select Network Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

Rates included in this filing, which are based on current market conditions and assumptions, are expected to be neither excessive nor unfairly discriminatory. However, based on assumptions contained in this filing, filed rates are not expected to fully cover projected expenses. To avoid market disruption in the rating year, KFHP is filing a rate increase that is expected to maintain experience period margin. The size of the pool is small relative to KFHP's other lines of business and therefore will have no material adverse impact to Plan financials.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 23, 2019. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
5/23/2019

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

(1)	2018 Market Adjusted Index Rate	\$393.05
(2)	Base Experience	0.908
(3)	Annualized Trend	1.006
(4)	Change in Average Utilization	1.044
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	1.001
(8)	Risk Adjustment Transfer	1.093
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.318</u>
(12)	2019 Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 2
Index Rate and Market Index Rate Development

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$406.55
(2) Exhibit 4	Non-EHB Claims Adjustment	0.984
(3) = (1)*(2)	Experience Period Index Rate PMPM	\$399.87
(4) Exhibit 8	Annualized Trend - Claims Expenses	4.21%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.086
(7) Exhibit 5	Change in Average Utilization	1.037
(8) Exhibit 6	Change in Demographics	0.996
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.007
(11) = (3)x(6)x(7)x(8)x(9)x(10)	Projected Index Rate	\$451.54
(12) Exhibit 13	Risk Adjustment Transfer	1.179
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Allowed Claims Development
Exhibit 3

Current Pool	Current Plans	Member Months	Total
Individual	All	39,708	\$482.22
Small Group	All	46,519	\$341.97
Grand Total		86,227	\$406.55

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Non-EHB Adjustments
Exhibit 4

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	39,708	\$7.30
Small Group	All	46,519	\$6.15
Grand Total		86,227	\$6.68

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.984
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Utilization Copayment Effect Adjustment
Exhibit 5

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	39,708	\$482.22	0.836
Small Group	All	46,519	\$341.97	0.876
Grand Total		86,227	\$406.55	0.854

Projected Pool	Projected Plan	Projected Member Months	Allowed Amount	Copay Impact
Individual	All	31,083	\$436.10	0.869
Small Group	All	54,232	\$459.06	0.894
Grand Total		85,315	\$450.69	0.885

Experience to Projection Period Change in Average Utilization

1.037

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Calibration Factor
Exhibit 6

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	39708	1.0485	41.9
	Small Group	46519	1.0072	40.8
	Combined	86227	1.0262	41.3
Projection Period	Individual	31083	1.0485	41.9
	Small Group	54232	1.0072	40.8
	Combined	85315	1.0222	41.2
Demographic Factor			0.9961	

¹ Average age factor based on CMS Age curve

² Weighed Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 7
Morbidity Factor

Component		Members Months	Morbidity
(1)	Experience Period	86,227	1.000
(2)	Projection Period	86,227	1.000
(3)	New Members	(912)	1.000
(4)	Total Single Risk Pool	85,315	1.000
(5)	Adjustment to remove demographics from morbidity		1.000

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 8
Trend Factors

Category	Weight	Trend	Cost	Utilization
Inpatient Hospital	16.3%	5.6%	3.5%	2.0%
Outpatient Hospital	10.4%	3.0%	1.0%	2.0%
Professional	54.7%	4.1%	1.9%	2.2%
Other	3.0%	3.4%	1.6%	1.8%
Prescription Drug	15.6%	3.9%	3.4%	0.5%
Composite	100.0%	4.2%		

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Risk Adjustment Factor
Exhibit 9

		Estimated 2017	Assumed Change	Projected 2019
Platinum				
(1)	Risk Adjustment Member Months*	17,771		20,753
(2)	HHS Transfer Factor	(0.132)	0.0%	(0.132)
(3)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(4) = (2) x (3)	Transfer PMPM	(55.61)		(63.65)
(5) = (1) x (4)	Transfer \$	(988,307)		(1,320,941)
		\$0.00		\$0.00
Gold				
(6)	Risk Adjustment Member Months*	22,369		25,698
(7)	HHS Transfer Factor	(0.145)	0.0%	(0.145)
(8)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(9) = (7) x (8)	Transfer PMPM	(61.24)		(70.09)
(10) = (6) x (9)	Transfer \$	(1,369,933)		(1,801,236)
		\$0.00		\$0.00
Silver				
(11)	Risk Adjustment Member Months*	4,685		5,530
(12)	HHS Transfer Factor	(0.170)	0.0%	(0.170)
(13)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(14) = (12) x (13)	Transfer PMPM	(71.91)		(82.30)
(15) = (11) x (14)	Transfer \$	(336,886)		(455,092)
		\$0.00		\$0.00
Bronze				
(16)	Risk Adjustment Member Months*	2,119		2,251
(17)	HHS Transfer Factor	(0.363)	0.0%	(0.363)
(18)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(19) = (17) x (18)	Transfer PMPM	(153.31)		(175.46)
(20) = (16) x (19)	Transfer \$	(324,810)		(394,970)
		\$0.00		\$0.00
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,943		54,232
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(64.33)		(73.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(3,019,936)		(3,972,239)
(24) (24)	Total Transfer Allowed (PMPM)	0		(80.71)
(25) (25)	Risk Adjustment factor	0		1.179

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	117.9%
(28) Total Adjustment [(26) * (27)]	117.9%
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	117.9%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Administrative Expense Factor - Small Group
Exhibit 10

Retention Category	Percent of Revenue
Claims Processing	0.9%
Customer Service	0.9%
Taxes	2.9%
Capital Contribution	-36.6%
Member Communication Materials	0.5%
Open Enrollment	1.5%
Utilization Review	1.9%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	4.2%
Total	-18.6%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Contract Limit of 3 Children Factor
Exhibit 11

	Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
(1)	0-3	5,288	0
(2)	4+	28	40
(3) = (2)		# of Non-rated Dependents	40
(4)		Total Members	7,146
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.022
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.024
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.004

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 12
Plan Adjusted Index Rate Development

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	537.81294	607.49	1.022	1.004	1.000	0.874	0.843	1.000	459.15	0.711	1.000	326.54
2	KP DC Platinum 500/10/Dental	537.81	607.49	1.022	1.004	1.000	0.857	0.843	1.000	449.93	0.711	1.000	319.98
3	KP DC Gold 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.789	0.843	1.000	414.28	0.711	1.000	294.63
4	KP DC Gold 500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.771	0.843	1.000	404.86	0.711	1.000	287.93
5	KP DC Gold 1000/20/Dental	537.81	607.49	1.022	1.004	1.000	0.766	0.843	1.000	402.44	0.711	1.000	286.21
6	KP DC Gold 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.757	0.843	1.000	397.64	0.711	1.000	282.80
7	KP DC Gold 1700/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.758	0.843	1.000	397.91	0.711	1.000	282.99
8	KP DC Silver 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.693	0.843	1.000	363.74	0.711	1.000	258.69
9	KP DC Silver 2500/40/Dental	537.81	607.49	1.022	1.004	1.000	0.687	0.843	1.000	360.48	0.711	1.000	256.37
10	KP DC Silver 2000/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.694	0.843	1.000	364.33	0.711	1.000	259.11
11	KP DC Silver 2500/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.681	0.843	1.000	357.47	0.711	1.000	254.23
12	KP DC Bronze 6150/50/Dental	537.81	607.49	1.022	1.004	1.000	0.651	0.843	1.000	341.65	0.711	1.000	242.98
13	KP DC Bronze 6550/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.654	0.843	1.000	343.39	0.711	1.000	244.22
14	KP DC Bronze 5750/30/20%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.650	0.843	1.000	341.13	0.711	1.000	242.61
15	KP DC Bronze 6150/50/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.696	0.843	1.000	365.53	0.711	1.000	259.96
16	KP DC Silver 2500/40/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.738	0.843	1.000	387.51	0.711	1.000	275.59
17	KP DC Gold 1000/20/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.824	0.843	1.000	432.47	0.711	1.000	307.57
18	KP DC Platinum HMO Plus 0/10/Dental	537.81	607.49	1.022	1.004	1.000	0.909	0.843	1.000	477.51	0.711	1.000	339.60
19	KP DC Gold HMO Plus 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.821	0.843	1.000	430.85	0.711	1.000	306.42
20	KP DC Gold DHMO Plus 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.788	0.843	1.000	413.55	0.711	1.000	294.11
21	KP DC Silver DHMO Plus 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.720	0.843	1.000	378.29	0.711	1.000	269.03
22	KP DC Platinum 0/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.918	0.843	1.000	482.11	0.711	1.000	342.87
23	KP DC Platinum 500/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.900	0.843	1.000	472.42	0.711	1.000	335.98
24	KP DC Gold 0/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.828	0.843	1.000	434.99	0.711	1.000	309.36
25	KP DC Gold 500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.810	0.843	1.000	425.10	0.711	1.000	302.33
26	KP DC Gold 1000/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.805	0.843	1.000	422.56	0.711	1.000	300.52
27	KP DC Gold 1500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.795	0.843	1.000	417.52	0.711	1.000	296.94
28	KP DC Gold 1700/0%/HSA/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.796	0.843	1.000	417.81	0.711	1.000	297.14
Average Value		537.81	598.40	1.022	1.004	1.000	0.816	0.843	1.000	428.47	0.711	1.000	304.72

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$308.44	\$302.25	\$278.30	\$271.97	\$270.35	\$267.12	\$267.30
21	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
22	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
23	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
24	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
25	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
26	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
27	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
28	\$350.89	\$343.84	\$316.60	\$309.40	\$307.55	\$303.88	\$304.09
29	\$358.43	\$351.23	\$323.41	\$316.05	\$314.16	\$310.42	\$310.63
30	\$367.39	\$360.02	\$331.49	\$323.95	\$322.02	\$318.18	\$318.39
31	\$376.82	\$369.26	\$340.00	\$332.27	\$330.28	\$326.35	\$326.57
32	\$385.31	\$377.58	\$347.66	\$339.75	\$337.73	\$333.70	\$333.93
33	\$394.27	\$386.36	\$355.75	\$347.65	\$345.58	\$341.46	\$341.69
34	\$403.71	\$395.60	\$364.26	\$355.97	\$353.85	\$349.63	\$349.87
35	\$413.14	\$404.84	\$372.77	\$364.29	\$362.11	\$357.80	\$358.04
36	\$422.57	\$414.09	\$381.28	\$372.61	\$370.38	\$365.96	\$366.21
37	\$432.00	\$423.33	\$389.79	\$380.92	\$378.65	\$374.13	\$374.39
38	\$437.19	\$428.41	\$394.47	\$385.50	\$383.20	\$378.63	\$378.88
39	\$442.38	\$433.50	\$399.15	\$390.07	\$387.74	\$383.12	\$383.38
40	\$459.83	\$450.60	\$414.90	\$405.46	\$403.04	\$398.23	\$398.50
41	\$477.75	\$468.16	\$431.07	\$421.26	\$418.75	\$413.75	\$414.03
42	\$496.62	\$486.64	\$448.09	\$437.89	\$435.28	\$430.09	\$430.38
43	\$515.95	\$505.59	\$465.53	\$454.94	\$452.23	\$446.84	\$447.14
44	\$536.23	\$525.47	\$483.83	\$472.83	\$470.00	\$464.40	\$464.72
45	\$556.98	\$545.80	\$502.56	\$491.12	\$488.19	\$482.37	\$482.70
46	\$578.68	\$567.06	\$522.13	\$510.25	\$507.21	\$501.16	\$501.50
47	\$601.32	\$589.24	\$542.56	\$530.21	\$527.05	\$520.76	\$521.12
48	\$624.90	\$612.35	\$563.83	\$551.01	\$547.72	\$541.19	\$541.56
49	\$649.42	\$636.38	\$585.96	\$572.63	\$569.21	\$562.42	\$562.81
50	\$674.89	\$661.34	\$608.94	\$595.09	\$591.54	\$584.48	\$584.88
51	\$701.30	\$687.22	\$632.77	\$618.38	\$614.69	\$607.35	\$607.77
52	\$728.65	\$714.02	\$657.45	\$642.50	\$638.66	\$631.04	\$631.47
53	\$756.95	\$741.75	\$682.98	\$667.45	\$663.46	\$655.55	\$656.00
54	\$786.66	\$770.87	\$709.79	\$693.65	\$689.51	\$681.28	\$681.75
55	\$817.32	\$800.91	\$737.45	\$720.68	\$716.38	\$707.83	\$708.31
56	\$849.39	\$832.33	\$766.39	\$748.95	\$744.48	\$735.60	\$736.11
57	\$882.40	\$864.68	\$796.17	\$778.06	\$773.42	\$764.19	\$764.72
58	\$916.83	\$898.42	\$827.24	\$808.42	\$803.60	\$794.01	\$794.55
59	\$952.67	\$933.54	\$859.58	\$840.03	\$835.01	\$825.05	\$825.62
60	\$989.93	\$970.05	\$893.20	\$872.88	\$867.67	\$857.32	\$857.91
61	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
62	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
63	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
64+	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective March 31, 2020
District of Columbia Small Group Exchange
Appendix II-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$311.64	\$305.38	\$281.18	\$274.79	\$273.15	\$269.89	\$270.07
21	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
22	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
23	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
24	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
25	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
26	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
27	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
28	\$354.53	\$347.40	\$319.88	\$312.61	\$310.74	\$307.03	\$307.24
29	\$362.14	\$354.87	\$326.76	\$319.33	\$317.42	\$313.64	\$313.85
30	\$371.20	\$363.75	\$334.93	\$327.31	\$325.36	\$321.48	\$321.69
31	\$380.72	\$373.09	\$343.52	\$335.71	\$333.70	\$329.73	\$329.95
32	\$389.30	\$381.49	\$351.26	\$343.27	\$341.23	\$337.16	\$337.39
33	\$398.36	\$390.36	\$359.44	\$351.25	\$349.16	\$345.00	\$345.23
34	\$407.89	\$399.70	\$368.03	\$359.66	\$357.52	\$353.25	\$353.50
35	\$417.42	\$409.04	\$376.63	\$368.06	\$365.86	\$361.51	\$361.75
36	\$426.95	\$418.38	\$385.23	\$376.47	\$374.22	\$369.75	\$370.00
37	\$436.48	\$427.72	\$393.83	\$384.87	\$382.57	\$378.01	\$378.27
38	\$441.72	\$432.85	\$398.56	\$389.49	\$387.17	\$382.55	\$382.81
39	\$446.96	\$437.99	\$403.29	\$394.11	\$391.76	\$387.09	\$387.35
40	\$464.60	\$455.27	\$419.20	\$409.66	\$407.22	\$402.36	\$402.63
41	\$482.70	\$473.01	\$435.54	\$425.63	\$423.09	\$418.04	\$418.32
42	\$501.77	\$491.68	\$452.73	\$442.43	\$439.79	\$434.55	\$434.84
43	\$521.30	\$510.83	\$470.35	\$459.65	\$456.92	\$451.47	\$451.77
44	\$541.79	\$530.92	\$488.84	\$477.73	\$474.87	\$469.21	\$469.54
45	\$562.75	\$551.46	\$507.77	\$496.21	\$493.25	\$487.37	\$487.70
46	\$584.68	\$572.94	\$527.54	\$515.54	\$512.47	\$506.35	\$506.70
47	\$607.55	\$595.35	\$548.18	\$535.70	\$532.51	\$526.16	\$526.52
48	\$631.38	\$618.70	\$569.67	\$556.72	\$553.40	\$546.80	\$547.17
49	\$656.15	\$642.97	\$592.03	\$578.56	\$575.11	\$568.25	\$568.64
50	\$681.88	\$668.19	\$615.25	\$601.26	\$597.67	\$590.54	\$590.94
51	\$708.57	\$694.34	\$639.33	\$624.79	\$621.06	\$613.64	\$614.07
52	\$736.20	\$721.42	\$664.26	\$649.16	\$645.28	\$637.58	\$638.01
53	\$764.79	\$749.44	\$690.06	\$674.37	\$670.34	\$662.34	\$662.80
54	\$794.81	\$778.86	\$717.15	\$700.84	\$696.66	\$688.34	\$688.81
55	\$825.79	\$809.21	\$745.09	\$728.15	\$723.80	\$715.16	\$715.65
56	\$858.19	\$840.96	\$774.33	\$756.71	\$752.19	\$743.22	\$743.74
57	\$891.54	\$873.64	\$804.42	\$786.12	\$781.43	\$772.11	\$772.64
58	\$926.33	\$907.73	\$835.81	\$816.80	\$811.93	\$802.24	\$802.78
59	\$962.54	\$943.21	\$868.49	\$848.73	\$843.66	\$833.60	\$834.18
60	\$1,000.19	\$980.10	\$902.46	\$881.93	\$876.66	\$866.20	\$866.80
61	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
62	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
63	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
64+	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$314.87	\$308.55	\$284.10	\$277.64	\$275.98	\$272.68	\$272.87
21	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
22	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
23	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
24	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
25	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
26	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
27	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
28	\$358.20	\$351.00	\$323.20	\$315.85	\$313.96	\$310.21	\$310.42
29	\$365.90	\$358.55	\$330.15	\$322.63	\$320.70	\$316.89	\$317.10
30	\$375.04	\$367.52	\$338.40	\$330.70	\$328.73	\$324.81	\$325.02
31	\$384.67	\$376.95	\$347.08	\$339.19	\$337.16	\$333.15	\$333.37
32	\$393.34	\$385.45	\$354.90	\$346.83	\$344.77	\$340.65	\$340.89
33	\$402.48	\$394.41	\$363.16	\$354.89	\$352.78	\$348.57	\$348.81
34	\$412.12	\$403.84	\$371.85	\$363.39	\$361.22	\$356.91	\$357.16
35	\$421.75	\$413.27	\$380.54	\$371.88	\$369.65	\$365.25	\$365.50
36	\$431.37	\$422.72	\$389.22	\$380.37	\$378.10	\$373.58	\$373.84
37	\$441.00	\$432.15	\$397.91	\$388.86	\$386.54	\$381.92	\$382.19
38	\$446.30	\$437.33	\$402.69	\$393.53	\$391.18	\$386.52	\$386.77
39	\$451.60	\$442.53	\$407.47	\$398.20	\$395.82	\$391.10	\$391.37
40	\$469.41	\$459.99	\$423.54	\$413.91	\$411.44	\$406.53	\$406.80
41	\$487.70	\$477.91	\$440.05	\$430.04	\$427.47	\$422.37	\$422.66
42	\$506.97	\$496.78	\$457.42	\$447.01	\$444.35	\$439.05	\$439.35
43	\$526.70	\$516.12	\$475.23	\$464.42	\$461.65	\$456.15	\$456.46
44	\$547.40	\$536.42	\$493.91	\$482.68	\$479.79	\$474.07	\$474.40
45	\$568.58	\$557.17	\$513.03	\$501.35	\$498.36	\$492.42	\$492.76
46	\$590.74	\$578.87	\$533.01	\$520.88	\$517.78	\$511.60	\$511.95
47	\$613.85	\$601.52	\$553.86	\$541.26	\$538.03	\$531.61	\$531.98
48	\$637.92	\$625.11	\$575.58	\$562.49	\$559.13	\$552.46	\$552.84
49	\$662.95	\$649.64	\$598.17	\$584.56	\$581.07	\$574.14	\$574.53
50	\$688.95	\$675.12	\$621.63	\$607.49	\$603.86	\$596.66	\$597.06
51	\$715.91	\$701.54	\$645.95	\$631.26	\$627.50	\$620.00	\$620.43
52	\$743.83	\$728.89	\$671.15	\$655.88	\$651.96	\$644.19	\$644.63
53	\$772.72	\$757.20	\$697.21	\$681.35	\$677.28	\$669.21	\$669.67
54	\$803.05	\$786.93	\$724.58	\$708.10	\$703.87	\$695.47	\$695.95
55	\$834.35	\$817.59	\$752.81	\$735.69	\$731.30	\$722.58	\$723.07
56	\$867.08	\$849.67	\$782.36	\$764.55	\$759.99	\$750.92	\$751.45
57	\$900.78	\$882.69	\$812.76	\$794.27	\$789.53	\$780.11	\$780.65
58	\$935.93	\$917.14	\$844.47	\$825.26	\$820.34	\$810.55	\$811.10
59	\$972.52	\$952.99	\$877.49	\$857.53	\$852.41	\$842.24	\$842.82
60	\$1,010.55	\$990.26	\$911.81	\$891.06	\$885.75	\$875.18	\$875.78
61	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
62	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
63	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
64+	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective September 30, 2020
District of Columbia Small Group Exchange
Appendix IV-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$318.13	\$311.74	\$287.04	\$280.51	\$278.84	\$275.51	\$275.70
21	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
22	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
23	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
24	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
25	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
26	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
27	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
28	\$361.91	\$354.64	\$326.54	\$319.12	\$317.21	\$313.43	\$313.64
29	\$369.69	\$362.26	\$333.57	\$325.98	\$324.03	\$320.17	\$320.39
30	\$378.93	\$371.33	\$341.90	\$334.13	\$332.13	\$328.17	\$328.39
31	\$388.66	\$380.86	\$350.68	\$342.71	\$340.65	\$336.60	\$336.83
32	\$397.41	\$389.44	\$358.58	\$350.42	\$348.34	\$344.18	\$344.42
33	\$406.65	\$398.50	\$366.92	\$358.57	\$356.44	\$352.19	\$352.42
34	\$416.39	\$408.03	\$375.70	\$367.15	\$364.96	\$360.61	\$360.86
35	\$426.12	\$417.56	\$384.48	\$375.73	\$373.48	\$369.04	\$369.29
36	\$435.84	\$427.10	\$393.26	\$384.31	\$382.01	\$377.46	\$377.71
37	\$445.57	\$436.63	\$402.03	\$392.89	\$390.54	\$385.88	\$386.15
38	\$450.92	\$441.87	\$406.86	\$397.61	\$395.24	\$390.52	\$390.78
39	\$456.28	\$447.12	\$411.69	\$402.32	\$399.92	\$395.15	\$395.42
40	\$474.27	\$464.75	\$427.93	\$418.20	\$415.70	\$410.74	\$411.02
41	\$492.76	\$482.87	\$444.61	\$434.49	\$431.90	\$426.75	\$427.04
42	\$512.22	\$501.93	\$462.16	\$451.64	\$448.95	\$443.60	\$443.90
43	\$532.16	\$521.47	\$480.15	\$469.23	\$466.43	\$460.88	\$461.19
44	\$553.07	\$541.98	\$499.03	\$487.68	\$484.76	\$478.99	\$479.32
45	\$574.48	\$562.94	\$518.35	\$506.55	\$503.52	\$497.52	\$497.86
46	\$596.86	\$584.87	\$538.53	\$526.28	\$523.14	\$516.90	\$517.25
47	\$620.21	\$607.75	\$559.60	\$546.86	\$543.61	\$537.12	\$537.49
48	\$644.53	\$631.58	\$581.54	\$568.32	\$564.92	\$558.19	\$558.57
49	\$669.82	\$656.37	\$604.37	\$590.62	\$587.09	\$580.09	\$580.49
50	\$696.09	\$682.11	\$628.07	\$613.78	\$610.12	\$602.84	\$603.25
51	\$723.33	\$708.81	\$652.65	\$637.80	\$634.00	\$626.43	\$626.86
52	\$751.54	\$736.45	\$678.10	\$662.68	\$658.72	\$650.86	\$651.31
53	\$780.73	\$765.05	\$704.43	\$688.42	\$684.30	\$676.14	\$676.61
54	\$811.37	\$795.08	\$732.09	\$715.44	\$711.17	\$702.68	\$703.16
55	\$842.99	\$826.07	\$760.61	\$743.32	\$738.88	\$730.06	\$730.56
56	\$876.07	\$858.47	\$790.46	\$772.48	\$767.86	\$758.71	\$759.23
57	\$910.12	\$891.84	\$821.18	\$802.50	\$797.71	\$788.19	\$788.74
58	\$945.63	\$926.64	\$853.22	\$833.81	\$828.84	\$818.95	\$819.51
59	\$982.59	\$962.86	\$886.58	\$866.42	\$861.24	\$850.97	\$851.55
60	\$1,021.02	\$1,000.52	\$921.26	\$900.30	\$894.92	\$884.25	\$884.86
61	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
62	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
63	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
64+	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2020 Small Group Rate Filing
HIOS Issuer ID 94506
HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-COST(01-20)HIX, DC-SG-BRONZE-6150-50-POS-DENTAL-COST(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-POS-RX(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-POS-RX(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-POS-RX(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-20)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2020. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2019 Carrier Reference Manual* (May 2018, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2019 to 2020 is 3.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2020 to the 2019 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2020/2019
Based Period Experience	0.908
Base Period Utilization Copay	1.043
Pricing Trend	1.006
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	1.093
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	1.001
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	103.7%

Plan level rate changes are shown in row 20 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2020 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2018 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2020. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2018 base data includes 86,227 members months (average monthly of 7,186) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 3. It is then removed as a non-Essential Health Benefit in Exhibit 4. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 12. In 2018, KHFP added a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and the lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2018 and paid through 1/31/2019.

Premium:

Premium was captured for calendar year 2018 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Current Date:

We used January 2019 enrollment and premium as current enrollment and current premium.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section II is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell C30 is taken from Exhibit 2 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 2 Line 11.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (9) in the attached Exhibit 2 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2020 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 9.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, demographic shift, plan design, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 5. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,639.57.

Risk Adjustment

Exhibit 9 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2018) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2020) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

In 2020 rate filing, DISB requested rate filing submitted to DISB must include two sets of rates for two different risk adjustment scenarios. One scenario is for separate risk adjustment pool for individual and small group, the other is for merged risk adjustment pools for individual and small group. This actuarial memorandum is for the first scenario: separate risk adjustment pools for individual and small group, consistent with prior years’ filings.

Exhibit 9 includes the detailed development of risk adjustment factors and the impact on Small Group. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the

Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2020).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

The quarterly adjustments are based on an annual trend of 4.2%. The small group quarterly trend increase is 1.04%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,676	332	536	975	
Trend	4.2%	4.2%	4.2%	4.2%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.088	1.099	1.111	1.123	1.012

Profit and Risk Margin

As mentioned above, the capital contribution of -36.59%, shown in Exhibit 10, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2020 rates more affordable.

Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year. However, this federal health insurance provider fee will come back in 2020.

The amount is shown as percent in Exhibit 10.

Projected Loss Ratio

Based on a target admin percentage of -18.62%, which includes a -36.59% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 121.5%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 2 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 5.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 6 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2020 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 2 line 10 shows the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2018 to 2020, our projected total annualized medical expense trend for Small Group is 4.2% and is shown in Exhibit 8 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2).

Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2020 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Pricing AV values are included in Exhibit 12. The contributing plan factors include plan design factor, utilization factor, and network factor. The plan factors reflect both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 6 shows the development of the age calibration factor. The development starts with the average age in the projection period. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2020), we added the new adult preventative capitation rate (\$1.30 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 11 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section IV of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 9. Projected Membership distribution among metal tiers is based on January 2019 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:

KP DC Platinum HMO Plus 0/10/Dental/Sel

KP DC Gold HMO Plus 0/20/Dental/Sel

KP DC Gold DHMO Plus 1500/20/Dental/Sel

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 2 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 12. The final 2020 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Year to Year Change in Market Adjusted Index Rate
- Exhibit 2 – Index Rate and Market Index Rate Development
- Exhibit 3 – Allowed Claims Development
- Exhibit 4 – Non-EHB Adjustments
- Exhibit 5 – Utilization Copayment Effect Adjustment
- Exhibit 6 – Age Calibration Factor
- Exhibit 7 – Morbidity Factor
- Exhibit 8 – Trend Factors
- Exhibit 9 – Risk Adjustment Factor
- Exhibit 10 – Administrative Expense Factor
- Exhibit 11 – Contract Limit of 3 Children Factor
- Exhibit 12 – Plan Adjusted Index Rate Development
- Exhibit 13 – Age Factors
- Appendix I-A - 1st Quarter 2020 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2020 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2020 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2020 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2020 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2020 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2020 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2020 Select Network Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

Rates included in this filing, which are based on current market conditions and assumptions, are expected to be neither excessive nor unfairly discriminatory. However, based on assumptions contained in this filing, filed rates are not expected to fully cover projected expenses. To avoid market disruption in the rating year, KFHP is filing a rate increase that is expected to maintain experience period margin. The size of the pool is small relative to KFHP's other lines of business and therefore will have no material adverse impact to Plan financials.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 23, 2019. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
5/23/2019

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

(1)	2018 Market Adjusted Index Rate	\$393.05
(2)	Base Experience	0.908
(3)	Annualized Trend	1.006
(4)	Change in Average Utilization	1.044
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	1.001
(8)	Risk Adjustment Transfer	1.093
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.318</u>
(12)	2019 Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 2
Index Rate and Market Index Rate Development

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$406.55
(2) Exhibit 4	Non-EHB Claims Adjustment	0.984
(3) = (1)*(2)	Experience Period Index Rate PMPM	\$399.87
(4) Exhibit 8	Annualized Trend - Claims Expenses	4.21%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.086
(7) Exhibit 5	Change in Average Utilization	1.037
(8) Exhibit 6	Change in Demographics	0.996
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.007
(11) = (3)x(6)x(7)x(8)x(9)x(10)	Projected Index Rate	\$451.54
(12) Exhibit 13	Risk Adjustment Transfer	1.179
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Allowed Claims Development
Exhibit 3

Current Pool	Current Plans	Member Months	Total
Individual	All	39,708	\$482.22
Small Group	All	46,519	\$341.97
Grand Total		86,227	\$406.55

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Non-EHB Adjustments
Exhibit 4

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	39,708	\$7.30
Small Group	All	46,519	\$6.15
Grand Total		86,227	\$6.68

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.984
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Utilization Copayment Effect Adjustment
Exhibit 5

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	39,708	\$482.22	0.836
Small Group	All	46,519	\$341.97	0.876
Grand Total		86,227	\$406.55	0.854

Projected Pool	Projected Plan	Projected Member Months	Allowed Amount	Copay Impact
Individual	All	31,083	\$436.10	0.869
Small Group	All	54,232	\$459.06	0.894
Grand Total		85,315	\$450.69	0.885

Experience to Projection Period Change in Average Utilization

1.037

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Calibration Factor
Exhibit 6

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	39708	1.0485	41.9
	Small Group	46519	1.0072	40.8
	Combined	86227	1.0262	41.3
Projection Period	Individual	31083	1.0485	41.9
	Small Group	54232	1.0072	40.8
	Combined	85315	1.0222	41.2
Demographic Factor			0.9961	

¹ Average age factor based on CMS Age curve

² Weighed Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 7
Morbidity Factor

Component		Members Months	Morbidity
(1)	Experience Period	86,227	1.000
(2)	Projection Period	86,227	1.000
(3)	New Members	(912)	1.000
(4)	Total Single Risk Pool	85,315	1.000
(5)	Adjustment to remove demographics from morbidity		1.000

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 8
Trend Factors

Category	Weight	Trend	Cost	Utilization
Inpatient Hospital	16.3%	5.6%	3.5%	2.0%
Outpatient Hospital	10.4%	3.0%	1.0%	2.0%
Professional	54.7%	4.1%	1.9%	2.2%
Other	3.0%	3.4%	1.6%	1.8%
Prescription Drug	15.6%	3.9%	3.4%	0.5%
Composite	100.0%	4.2%		

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Risk Adjustment Factor
Exhibit 9

		Estimated 2017	Assumed Change	Projected 2019
Platinum				
(1)	Risk Adjustment Member Months*	17,771		20,753
(2)	HHS Transfer Factor	(0.132)	0.0%	(0.132)
(3)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(4) = (2) x (3)	Transfer PMPM	(55.61)		(63.65)
(5) = (1) x (4)	Transfer \$	(988,307)		(1,320,941)
		\$0.00		\$0.00
Gold				
(6)	Risk Adjustment Member Months*	22,369		25,698
(7)	HHS Transfer Factor	(0.145)	0.0%	(0.145)
(8)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(9) = (7) x (8)	Transfer PMPM	(61.24)		(70.09)
(10) = (6) x (9)	Transfer \$	(1,369,933)		(1,801,236)
		\$0.00		\$0.00
Silver				
(11)	Risk Adjustment Member Months*	4,685		5,530
(12)	HHS Transfer Factor	(0.170)	0.0%	(0.170)
(13)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(14) = (12) x (13)	Transfer PMPM	(71.91)		(82.30)
(15) = (11) x (14)	Transfer \$	(336,886)		(455,092)
		\$0.00		\$0.00
Bronze				
(16)	Risk Adjustment Member Months*	2,119		2,251
(17)	HHS Transfer Factor	(0.363)	0.0%	(0.363)
(18)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(19) = (17) x (18)	Transfer PMPM	(153.31)		(175.46)
(20) = (16) x (19)	Transfer \$	(324,810)		(394,970)
		\$0.00		\$0.00
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,943		54,232
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(64.33)		(73.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(3,019,936)		(3,972,239)
(24) (24)	Total Transfer Allowed (PMPM)	0		(80.71)
(25) (25)	Risk Adjustment factor	0		1.179

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	117.9%
(28) Total Adjustment [(26) * (27)]	117.9%
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	117.9%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Administrative Expense Factor - Small Group
Exhibit 10

Retention Category	Percent of Revenue
Claims Processing	0.9%
Customer Service	0.9%
Taxes	2.9%
Capital Contribution	-36.6%
Member Communication Materials	0.5%
Open Enrollment	1.5%
Utilization Review	1.9%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	4.2%
Total	-18.6%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Contract Limit of 3 Children Factor
Exhibit 11

	Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
(1)	0-3	5,288	0
(2)	4+	28	40
(3) = (2)		# of Non-rated Dependents	40
(4)		Total Members	7,146
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.022
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.024
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.004

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 12
Plan Adjusted Index Rate Development

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	537.81294	607.49	1.022	1.004	1.000	0.874	0.843	1.000	459.15	0.711	1.000	326.54
2	KP DC Platinum 500/10/Dental	537.81	607.49	1.022	1.004	1.000	0.857	0.843	1.000	449.93	0.711	1.000	319.98
3	KP DC Gold 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.789	0.843	1.000	414.28	0.711	1.000	294.63
4	KP DC Gold 500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.771	0.843	1.000	404.86	0.711	1.000	287.93
5	KP DC Gold 1000/20/Dental	537.81	607.49	1.022	1.004	1.000	0.766	0.843	1.000	402.44	0.711	1.000	286.21
6	KP DC Gold 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.757	0.843	1.000	397.64	0.711	1.000	282.80
7	KP DC Gold 1700/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.758	0.843	1.000	397.91	0.711	1.000	282.99
8	KP DC Silver 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.693	0.843	1.000	363.74	0.711	1.000	258.69
9	KP DC Silver 2500/40/Dental	537.81	607.49	1.022	1.004	1.000	0.687	0.843	1.000	360.48	0.711	1.000	256.37
10	KP DC Silver 2000/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.694	0.843	1.000	364.33	0.711	1.000	259.11
11	KP DC Silver 2500/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.681	0.843	1.000	357.47	0.711	1.000	254.23
12	KP DC Bronze 6150/50/Dental	537.81	607.49	1.022	1.004	1.000	0.651	0.843	1.000	341.65	0.711	1.000	242.98
13	KP DC Bronze 6550/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.654	0.843	1.000	343.39	0.711	1.000	244.22
14	KP DC Bronze 5750/30/20%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.650	0.843	1.000	341.13	0.711	1.000	242.61
15	KP DC Bronze 6150/50/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.696	0.843	1.000	365.53	0.711	1.000	259.96
16	KP DC Silver 2500/40/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.738	0.843	1.000	387.51	0.711	1.000	275.59
17	KP DC Gold 1000/20/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.824	0.843	1.000	432.47	0.711	1.000	307.57
18	KP DC Platinum HMO Plus 0/10/Dental	537.81	607.49	1.022	1.004	1.000	0.909	0.843	1.000	477.51	0.711	1.000	339.60
19	KP DC Gold HMO Plus 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.821	0.843	1.000	430.85	0.711	1.000	306.42
20	KP DC Gold DHMO Plus 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.788	0.843	1.000	413.55	0.711	1.000	294.11
21	KP DC Silver DHMO Plus 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.720	0.843	1.000	378.29	0.711	1.000	269.03
22	KP DC Platinum 0/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.918	0.843	1.000	482.11	0.711	1.000	342.87
23	KP DC Platinum 500/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.900	0.843	1.000	472.42	0.711	1.000	335.98
24	KP DC Gold 0/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.828	0.843	1.000	434.99	0.711	1.000	309.36
25	KP DC Gold 500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.810	0.843	1.000	425.10	0.711	1.000	302.33
26	KP DC Gold 1000/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.805	0.843	1.000	422.56	0.711	1.000	300.52
27	KP DC Gold 1500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.795	0.843	1.000	417.52	0.711	1.000	296.94
28	KP DC Gold 1700/0%/HSA/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.796	0.843	1.000	417.81	0.711	1.000	297.14
Average Value		537.81	598.40	1.022	1.004	1.000	0.816	0.843	1.000	428.47	0.711	1.000	304.72

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$308.44	\$302.25	\$278.30	\$271.97	\$270.35	\$267.12	\$267.30
21	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
22	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
23	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
24	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
25	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
26	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
27	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
28	\$350.89	\$343.84	\$316.60	\$309.40	\$307.55	\$303.88	\$304.09
29	\$358.43	\$351.23	\$323.41	\$316.05	\$314.16	\$310.42	\$310.63
30	\$367.39	\$360.02	\$331.49	\$323.95	\$322.02	\$318.18	\$318.39
31	\$376.82	\$369.26	\$340.00	\$332.27	\$330.28	\$326.35	\$326.57
32	\$385.31	\$377.58	\$347.66	\$339.75	\$337.73	\$333.70	\$333.93
33	\$394.27	\$386.36	\$355.75	\$347.65	\$345.58	\$341.46	\$341.69
34	\$403.71	\$395.60	\$364.26	\$355.97	\$353.85	\$349.63	\$349.87
35	\$413.14	\$404.84	\$372.77	\$364.29	\$362.11	\$357.80	\$358.04
36	\$422.57	\$414.09	\$381.28	\$372.61	\$370.38	\$365.96	\$366.21
37	\$432.00	\$423.33	\$389.79	\$380.92	\$378.65	\$374.13	\$374.39
38	\$437.19	\$428.41	\$394.47	\$385.50	\$383.20	\$378.63	\$378.88
39	\$442.38	\$433.50	\$399.15	\$390.07	\$387.74	\$383.12	\$383.38
40	\$459.83	\$450.60	\$414.90	\$405.46	\$403.04	\$398.23	\$398.50
41	\$477.75	\$468.16	\$431.07	\$421.26	\$418.75	\$413.75	\$414.03
42	\$496.62	\$486.64	\$448.09	\$437.89	\$435.28	\$430.09	\$430.38
43	\$515.95	\$505.59	\$465.53	\$454.94	\$452.23	\$446.84	\$447.14
44	\$536.23	\$525.47	\$483.83	\$472.83	\$470.00	\$464.40	\$464.72
45	\$556.98	\$545.80	\$502.56	\$491.12	\$488.19	\$482.37	\$482.70
46	\$578.68	\$567.06	\$522.13	\$510.25	\$507.21	\$501.16	\$501.50
47	\$601.32	\$589.24	\$542.56	\$530.21	\$527.05	\$520.76	\$521.12
48	\$624.90	\$612.35	\$563.83	\$551.01	\$547.72	\$541.19	\$541.56
49	\$649.42	\$636.38	\$585.96	\$572.63	\$569.21	\$562.42	\$562.81
50	\$674.89	\$661.34	\$608.94	\$595.09	\$591.54	\$584.48	\$584.88
51	\$701.30	\$687.22	\$632.77	\$618.38	\$614.69	\$607.35	\$607.77
52	\$728.65	\$714.02	\$657.45	\$642.50	\$638.66	\$631.04	\$631.47
53	\$756.95	\$741.75	\$682.98	\$667.45	\$663.46	\$655.55	\$656.00
54	\$786.66	\$770.87	\$709.79	\$693.65	\$689.51	\$681.28	\$681.75
55	\$817.32	\$800.91	\$737.45	\$720.68	\$716.38	\$707.83	\$708.31
56	\$849.39	\$832.33	\$766.39	\$748.95	\$744.48	\$735.60	\$736.11
57	\$882.40	\$864.68	\$796.17	\$778.06	\$773.42	\$764.19	\$764.72
58	\$916.83	\$898.42	\$827.24	\$808.42	\$803.60	\$794.01	\$794.55
59	\$952.67	\$933.54	\$859.58	\$840.03	\$835.01	\$825.05	\$825.62
60	\$989.93	\$970.05	\$893.20	\$872.88	\$867.67	\$857.32	\$857.91
61	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
62	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
63	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
64+	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective March 31, 2020
District of Columbia Small Group Exchange
Appendix II-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$311.64	\$305.38	\$281.18	\$274.79	\$273.15	\$269.89	\$270.07
21	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
22	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
23	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
24	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
25	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
26	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
27	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
28	\$354.53	\$347.40	\$319.88	\$312.61	\$310.74	\$307.03	\$307.24
29	\$362.14	\$354.87	\$326.76	\$319.33	\$317.42	\$313.64	\$313.85
30	\$371.20	\$363.75	\$334.93	\$327.31	\$325.36	\$321.48	\$321.69
31	\$380.72	\$373.09	\$343.52	\$335.71	\$333.70	\$329.73	\$329.95
32	\$389.30	\$381.49	\$351.26	\$343.27	\$341.23	\$337.16	\$337.39
33	\$398.36	\$390.36	\$359.44	\$351.25	\$349.16	\$345.00	\$345.23
34	\$407.89	\$399.70	\$368.03	\$359.66	\$357.52	\$353.25	\$353.50
35	\$417.42	\$409.04	\$376.63	\$368.06	\$365.86	\$361.51	\$361.75
36	\$426.95	\$418.38	\$385.23	\$376.47	\$374.22	\$369.75	\$370.00
37	\$436.48	\$427.72	\$393.83	\$384.87	\$382.57	\$378.01	\$378.27
38	\$441.72	\$432.85	\$398.56	\$389.49	\$387.17	\$382.55	\$382.81
39	\$446.96	\$437.99	\$403.29	\$394.11	\$391.76	\$387.09	\$387.35
40	\$464.60	\$455.27	\$419.20	\$409.66	\$407.22	\$402.36	\$402.63
41	\$482.70	\$473.01	\$435.54	\$425.63	\$423.09	\$418.04	\$418.32
42	\$501.77	\$491.68	\$452.73	\$442.43	\$439.79	\$434.55	\$434.84
43	\$521.30	\$510.83	\$470.35	\$459.65	\$456.92	\$451.47	\$451.77
44	\$541.79	\$530.92	\$488.84	\$477.73	\$474.87	\$469.21	\$469.54
45	\$562.75	\$551.46	\$507.77	\$496.21	\$493.25	\$487.37	\$487.70
46	\$584.68	\$572.94	\$527.54	\$515.54	\$512.47	\$506.35	\$506.70
47	\$607.55	\$595.35	\$548.18	\$535.70	\$532.51	\$526.16	\$526.52
48	\$631.38	\$618.70	\$569.67	\$556.72	\$553.40	\$546.80	\$547.17
49	\$656.15	\$642.97	\$592.03	\$578.56	\$575.11	\$568.25	\$568.64
50	\$681.88	\$668.19	\$615.25	\$601.26	\$597.67	\$590.54	\$590.94
51	\$708.57	\$694.34	\$639.33	\$624.79	\$621.06	\$613.64	\$614.07
52	\$736.20	\$721.42	\$664.26	\$649.16	\$645.28	\$637.58	\$638.01
53	\$764.79	\$749.44	\$690.06	\$674.37	\$670.34	\$662.34	\$662.80
54	\$794.81	\$778.86	\$717.15	\$700.84	\$696.66	\$688.34	\$688.81
55	\$825.79	\$809.21	\$745.09	\$728.15	\$723.80	\$715.16	\$715.65
56	\$858.19	\$840.96	\$774.33	\$756.71	\$752.19	\$743.22	\$743.74
57	\$891.54	\$873.64	\$804.42	\$786.12	\$781.43	\$772.11	\$772.64
58	\$926.33	\$907.73	\$835.81	\$816.80	\$811.93	\$802.24	\$802.78
59	\$962.54	\$943.21	\$868.49	\$848.73	\$843.66	\$833.60	\$834.18
60	\$1,000.19	\$980.10	\$902.46	\$881.93	\$876.66	\$866.20	\$866.80
61	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
62	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
63	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
64+	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$314.87	\$308.55	\$284.10	\$277.64	\$275.98	\$272.68	\$272.87
21	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
22	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
23	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
24	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
25	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
26	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
27	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
28	\$358.20	\$351.00	\$323.20	\$315.85	\$313.96	\$310.21	\$310.42
29	\$365.90	\$358.55	\$330.15	\$322.63	\$320.70	\$316.89	\$317.10
30	\$375.04	\$367.52	\$338.40	\$330.70	\$328.73	\$324.81	\$325.02
31	\$384.67	\$376.95	\$347.08	\$339.19	\$337.16	\$333.15	\$333.37
32	\$393.34	\$385.45	\$354.90	\$346.83	\$344.77	\$340.65	\$340.89
33	\$402.48	\$394.41	\$363.16	\$354.89	\$352.78	\$348.57	\$348.81
34	\$412.12	\$403.84	\$371.85	\$363.39	\$361.22	\$356.91	\$357.16
35	\$421.75	\$413.27	\$380.54	\$371.88	\$369.65	\$365.25	\$365.50
36	\$431.37	\$422.72	\$389.22	\$380.37	\$378.10	\$373.58	\$373.84
37	\$441.00	\$432.15	\$397.91	\$388.86	\$386.54	\$381.92	\$382.19
38	\$446.30	\$437.33	\$402.69	\$393.53	\$391.18	\$386.52	\$386.77
39	\$451.60	\$442.53	\$407.47	\$398.20	\$395.82	\$391.10	\$391.37
40	\$469.41	\$459.99	\$423.54	\$413.91	\$411.44	\$406.53	\$406.80
41	\$487.70	\$477.91	\$440.05	\$430.04	\$427.47	\$422.37	\$422.66
42	\$506.97	\$496.78	\$457.42	\$447.01	\$444.35	\$439.05	\$439.35
43	\$526.70	\$516.12	\$475.23	\$464.42	\$461.65	\$456.15	\$456.46
44	\$547.40	\$536.42	\$493.91	\$482.68	\$479.79	\$474.07	\$474.40
45	\$568.58	\$557.17	\$513.03	\$501.35	\$498.36	\$492.42	\$492.76
46	\$590.74	\$578.87	\$533.01	\$520.88	\$517.78	\$511.60	\$511.95
47	\$613.85	\$601.52	\$553.86	\$541.26	\$538.03	\$531.61	\$531.98
48	\$637.92	\$625.11	\$575.58	\$562.49	\$559.13	\$552.46	\$552.84
49	\$662.95	\$649.64	\$598.17	\$584.56	\$581.07	\$574.14	\$574.53
50	\$688.95	\$675.12	\$621.63	\$607.49	\$603.86	\$596.66	\$597.06
51	\$715.91	\$701.54	\$645.95	\$631.26	\$627.50	\$620.00	\$620.43
52	\$743.83	\$728.89	\$671.15	\$655.88	\$651.96	\$644.19	\$644.63
53	\$772.72	\$757.20	\$697.21	\$681.35	\$677.28	\$669.21	\$669.67
54	\$803.05	\$786.93	\$724.58	\$708.10	\$703.87	\$695.47	\$695.95
55	\$834.35	\$817.59	\$752.81	\$735.69	\$731.30	\$722.58	\$723.07
56	\$867.08	\$849.67	\$782.36	\$764.55	\$759.99	\$750.92	\$751.45
57	\$900.78	\$882.69	\$812.76	\$794.27	\$789.53	\$780.11	\$780.65
58	\$935.93	\$917.14	\$844.47	\$825.26	\$820.34	\$810.55	\$811.10
59	\$972.52	\$952.99	\$877.49	\$857.53	\$852.41	\$842.24	\$842.82
60	\$1,010.55	\$990.26	\$911.81	\$891.06	\$885.75	\$875.18	\$875.78
61	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
62	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
63	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
64+	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective September 30, 2020
District of Columbia Small Group Exchange
Appendix IV-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$318.13	\$311.74	\$287.04	\$280.51	\$278.84	\$275.51	\$275.70
21	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
22	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
23	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
24	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
25	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
26	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
27	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
28	\$361.91	\$354.64	\$326.54	\$319.12	\$317.21	\$313.43	\$313.64
29	\$369.69	\$362.26	\$333.57	\$325.98	\$324.03	\$320.17	\$320.39
30	\$378.93	\$371.33	\$341.90	\$334.13	\$332.13	\$328.17	\$328.39
31	\$388.66	\$380.86	\$350.68	\$342.71	\$340.65	\$336.60	\$336.83
32	\$397.41	\$389.44	\$358.58	\$350.42	\$348.34	\$344.18	\$344.42
33	\$406.65	\$398.50	\$366.92	\$358.57	\$356.44	\$352.19	\$352.42
34	\$416.39	\$408.03	\$375.70	\$367.15	\$364.96	\$360.61	\$360.86
35	\$426.12	\$417.56	\$384.48	\$375.73	\$373.48	\$369.04	\$369.29
36	\$435.84	\$427.10	\$393.26	\$384.31	\$382.01	\$377.46	\$377.71
37	\$445.57	\$436.63	\$402.03	\$392.89	\$390.54	\$385.88	\$386.15
38	\$450.92	\$441.87	\$406.86	\$397.61	\$395.24	\$390.52	\$390.78
39	\$456.28	\$447.12	\$411.69	\$402.32	\$399.92	\$395.15	\$395.42
40	\$474.27	\$464.75	\$427.93	\$418.20	\$415.70	\$410.74	\$411.02
41	\$492.76	\$482.87	\$444.61	\$434.49	\$431.90	\$426.75	\$427.04
42	\$512.22	\$501.93	\$462.16	\$451.64	\$448.95	\$443.60	\$443.90
43	\$532.16	\$521.47	\$480.15	\$469.23	\$466.43	\$460.88	\$461.19
44	\$553.07	\$541.98	\$499.03	\$487.68	\$484.76	\$478.99	\$479.32
45	\$574.48	\$562.94	\$518.35	\$506.55	\$503.52	\$497.52	\$497.86
46	\$596.86	\$584.87	\$538.53	\$526.28	\$523.14	\$516.90	\$517.25
47	\$620.21	\$607.75	\$559.60	\$546.86	\$543.61	\$537.12	\$537.49
48	\$644.53	\$631.58	\$581.54	\$568.32	\$564.92	\$558.19	\$558.57
49	\$669.82	\$656.37	\$604.37	\$590.62	\$587.09	\$580.09	\$580.49
50	\$696.09	\$682.11	\$628.07	\$613.78	\$610.12	\$602.84	\$603.25
51	\$723.33	\$708.81	\$652.65	\$637.80	\$634.00	\$626.43	\$626.86
52	\$751.54	\$736.45	\$678.10	\$662.68	\$658.72	\$650.86	\$651.31
53	\$780.73	\$765.05	\$704.43	\$688.42	\$684.30	\$676.14	\$676.61
54	\$811.37	\$795.08	\$732.09	\$715.44	\$711.17	\$702.68	\$703.16
55	\$842.99	\$826.07	\$760.61	\$743.32	\$738.88	\$730.06	\$730.56
56	\$876.07	\$858.47	\$790.46	\$772.48	\$767.86	\$758.71	\$759.23
57	\$910.12	\$891.84	\$821.18	\$802.50	\$797.71	\$788.19	\$788.74
58	\$945.63	\$926.64	\$853.22	\$833.81	\$828.84	\$818.95	\$819.51
59	\$982.59	\$962.86	\$886.58	\$866.42	\$861.24	\$850.97	\$851.55
60	\$1,021.02	\$1,000.52	\$921.26	\$900.30	\$894.92	\$884.25	\$884.86
61	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
62	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
63	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
64+	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia
2020 Small Group Rate Filing
HIOS Issuer ID 94506
HIOS Product ID 94506DC035, 94506DC036

Form Numbers DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-20)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-COST(01-20)HIX, DC-SG-BRONZE-6150-50-POS-DENTAL-COST(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-20)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-20)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-20)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1000-20-DENTAL-POS-RX(01-20)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-20)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-20)HIX, DC-SG-SILVER-2500-40-DENTAL-POS-RX(01-20)HIX, DC-SG-SILVER-2000-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-DHMO-RX(01-20)HIX, DC-SG-BRONZE-6150-50-DENTAL-POS-RX(01-20)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-20)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-20)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2020. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2019 Carrier Reference Manual* (May 2018, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2019 to 2020 is 3.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2020 to the 2019 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2020/2019
Based Period Experience	0.908
Base Period Utilization Copay	1.043
Pricing Trend	1.006
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	1.093
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	1.001
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	103.7%

Plan level rate changes are shown in row 20 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2020 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2018 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2020. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2018 base data includes 86,227 members months (average monthly of 7,186) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 3. It is then removed as a non-Essential Health Benefit in Exhibit 4. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 12. In 2018, KHFP added a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and the lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2018 and paid through 1/31/2019.

Premium:

Premium was captured for calendar year 2018 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Current Date:

We used January 2019 enrollment and premium as current enrollment and current premium.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section II is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell C30 is taken from Exhibit 2 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 2 Line 11.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from row (9) in the attached Exhibit 2 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2020 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 9.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, demographic shift, plan design, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 5. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,639.57.

Risk Adjustment

Exhibit 9 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2018) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2020) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

In 2020 rate filing, DISB requested rate filing submitted to DISB must include two sets of rates for two different risk adjustment scenarios. One scenario is for separate risk adjustment pool for individual and small group, the other is for merged risk adjustment pools for individual and small group. This actuarial memorandum is for the first scenario: separate risk adjustment pools for individual and small group, consistent with prior years’ filings.

Exhibit 9 includes the detailed development of risk adjustment factors and the impact on Small Group. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the

Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2020).

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Quarterly Rate Factors

The quarterly adjustments are based on an annual trend of 4.2%. The small group quarterly trend increase is 1.04%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,676	332	536	975	
Trend	4.2%	4.2%	4.2%	4.2%	Proj Index Adj
Months	24	27	30	33	for Small Group
	1.088	1.099	1.111	1.123	1.012

Profit and Risk Margin

As mentioned above, the capital contribution of -36.59%, shown in Exhibit 10, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2020 rates more affordable.

Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year. However, this federal health insurance provider fee will come back in 2020.

The amount is shown as percent in Exhibit 10.

Projected Loss Ratio

Based on a target admin percentage of -18.62%, which includes a -36.59% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 121.5%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 2 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 5.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 6 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2020 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 2 line 10 shows the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2018 to 2020, our projected total annualized medical expense trend for Small Group is 4.2% and is shown in Exhibit 8 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2).

Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2020 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Pricing AV values are included in Exhibit 12. The contributing plan factors include plan design factor, utilization factor, and network factor. The plan factors reflect both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 6 shows the development of the age calibration factor. The development starts with the average age in the projection period. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2020), we added the new adult preventative capitation rate (\$1.30 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 11 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section IV of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 9. Projected Membership distribution among metal tiers is based on January 2019 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:

KP DC Platinum HMO Plus 0/10/Dental/Sel

KP DC Gold HMO Plus 0/20/Dental/Sel

KP DC Gold DHMO Plus 1500/20/Dental/Sel

Warning Alert:

There are no warning alerts in Wk2 of the URRT

Summary Rate Calculation

Exhibit 2 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 12. The final 2020 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Year to Year Change in Market Adjusted Index Rate
- Exhibit 2 – Index Rate and Market Index Rate Development
- Exhibit 3 – Allowed Claims Development
- Exhibit 4 – Non-EHB Adjustments
- Exhibit 5 – Utilization Copayment Effect Adjustment
- Exhibit 6 – Age Calibration Factor
- Exhibit 7 – Morbidity Factor
- Exhibit 8 – Trend Factors
- Exhibit 9 – Risk Adjustment Factor
- Exhibit 10 – Administrative Expense Factor
- Exhibit 11 – Contract Limit of 3 Children Factor
- Exhibit 12 – Plan Adjusted Index Rate Development
- Exhibit 13 – Age Factors
- Appendix I-A - 1st Quarter 2020 Signature Network Rate Sheet
- Appendix I-B - 1st Quarter 2020 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2020 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2020 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2020 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2020 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2020 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2020 Select Network Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

Rates included in this filing, which are based on current market conditions and assumptions, are expected to be neither excessive nor unfairly discriminatory. However, based on assumptions contained in this filing, filed rates are not expected to fully cover projected expenses. To avoid market disruption in the rating year, KFHP is filing a rate increase that is expected to maintain experience period margin. The size of the pool is small relative to KFHP's other lines of business and therefore will have no material adverse impact to Plan financials.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 23, 2019. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
5/23/2019

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

(1)	2018 Market Adjusted Index Rate	\$393.05
(2)	Base Experience	0.908
(3)	Annualized Trend	1.006
(4)	Change in Average Utilization	1.044
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	1.001
(8)	Risk Adjustment Transfer	1.093
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.318</u>
(12)	2019 Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 2
Index Rate and Market Index Rate Development

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$406.55
(2) Exhibit 4	Non-EHB Claims Adjustment	0.984
(3) = (1)*(2)	Experience Period Index Rate PMPM	\$399.87
(4) Exhibit 8	Annualized Trend - Claims Expenses	4.21%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.086
(7) Exhibit 5	Change in Average Utilization	1.037
(8) Exhibit 6	Change in Demographics	0.996
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.007
(11) = (3)x(6)x(7)x(8)x(9)x(10)	Projected Index Rate	\$451.54
(12) Exhibit 13	Risk Adjustment Transfer	1.179
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	Market Adjusted Index Rate	\$537.81

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Allowed Claims Development
Exhibit 3

Current Pool	Current Plans	Member Months	Total
Individual	All	39,708	\$482.22
Small Group	All	46,519	\$341.97
Grand Total		86,227	\$406.55

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Non-EHB Adjustments
Exhibit 4

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	39,708	\$7.30
Small Group	All	46,519	\$6.15
Grand Total		86,227	\$6.68

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.984
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Utilization Copayment Effect Adjustment
Exhibit 5

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	39,708	\$482.22	0.836
Small Group	All	46,519	\$341.97	0.876
Grand Total		86,227	\$406.55	0.854

Projected Pool	Projected Plan	Projected Member Months	Allowed Amount	Copay Impact
Individual	All	31,083	\$436.10	0.869
Small Group	All	54,232	\$459.06	0.894
Grand Total		85,315	\$450.69	0.885

Experience to Projection Period Change in Average Utilization

1.037

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Calibration Factor
Exhibit 6

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	39708	1.0485	41.9
	Small Group	46519	1.0072	40.8
	Combined	86227	1.0262	41.3
Projection Period	Individual	31083	1.0485	41.9
	Small Group	54232	1.0072	40.8
	Combined	85315	1.0222	41.2
Demographic Factor			0.9961	

¹ Average age factor based on CMS Age curve

² Weighed Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 7
Morbidity Factor

Component		Members Months	Morbidity
(1)	Experience Period	86,227	1.000
(2)	Projection Period	86,227	1.000
(3)	New Members	(912)	1.000
(4)	Total Single Risk Pool	85,315	1.000
(5)	Adjustment to remove demographics from morbidity		1.000

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 8
Trend Factors

Category	Weight	Trend	Cost	Utilization
Inpatient Hospital	16.3%	5.6%	3.5%	2.0%
Outpatient Hospital	10.4%	3.0%	1.0%	2.0%
Professional	54.7%	4.1%	1.9%	2.2%
Other	3.0%	3.4%	1.6%	1.8%
Prescription Drug	15.6%	3.9%	3.4%	0.5%
Composite	100.0%	4.2%		

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Risk Adjustment Factor
Exhibit 9

		Estimated 2017	Assumed Change	Projected 2019
Platinum				
(1)	Risk Adjustment Member Months*	17,771		20,753
(2)	HHS Transfer Factor	(0.132)	0.0%	(0.132)
(3)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(4) = (2) x (3)	Transfer PMPM	(55.61)		(63.65)
(5) = (1) x (4)	Transfer \$	(988,307)		(1,320,941)
		\$0.00		\$0.00
Gold				
(6)	Risk Adjustment Member Months*	22,369		25,698
(7)	HHS Transfer Factor	(0.145)	0.0%	(0.145)
(8)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(9) = (7) x (8)	Transfer PMPM	(61.24)		(70.09)
(10) = (6) x (9)	Transfer \$	(1,369,933)		(1,801,236)
		\$0.00		\$0.00
Silver				
(11)	Risk Adjustment Member Months*	4,685		5,530
(12)	HHS Transfer Factor	(0.170)	0.0%	(0.170)
(13)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(14) = (12) x (13)	Transfer PMPM	(71.91)		(82.30)
(15) = (11) x (14)	Transfer \$	(336,886)		(455,092)
		\$0.00		\$0.00
Bronze				
(16)	Risk Adjustment Member Months*	2,119		2,251
(17)	HHS Transfer Factor	(0.363)	0.0%	(0.363)
(18)	Statewide Average Premium PMPM	491.70	14.5%	562.76
(19) = (17) x (18)	Transfer PMPM	(153.31)		(175.46)
(20) = (16) x (19)	Transfer \$	(324,810)		(394,970)
		\$0.00		\$0.00
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,943		54,232
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(64.33)		(73.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(3,019,936)		(3,972,239)
(24) (24)	Total Transfer Allowed (PMPM)	0		(80.71)
(25) (25)	Risk Adjustment factor	0		1.179

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	117.9%
(28) Total Adjustment [(26) * (27)]	117.9%
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	117.9%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Administrative Expense Factor - Small Group
Exhibit 10

Retention Category	Percent of Revenue
Claims Processing	0.9%
Customer Service	0.9%
Taxes	2.9%
Capital Contribution	-36.6%
Member Communication Materials	0.5%
Open Enrollment	1.5%
Utilization Review	1.9%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	4.2%
Total	-18.6%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Contract Limit of 3 Children Factor
Exhibit 11

	Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
(1)	0-3	5,288	0
(2)	4+	28	40
(3) = (2)		# of Non-rated Dependents	40
(4)		Total Members	7,146
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.022
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.024
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.004

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 12
Plan Adjusted Index Rate Development

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	537.81294	607.49	1.022	1.004	1.000	0.874	0.843	1.000	459.15	0.711	1.000	326.54
2	KP DC Platinum 500/10/Dental	537.81	607.49	1.022	1.004	1.000	0.857	0.843	1.000	449.93	0.711	1.000	319.98
3	KP DC Gold 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.789	0.843	1.000	414.28	0.711	1.000	294.63
4	KP DC Gold 500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.771	0.843	1.000	404.86	0.711	1.000	287.93
5	KP DC Gold 1000/20/Dental	537.81	607.49	1.022	1.004	1.000	0.766	0.843	1.000	402.44	0.711	1.000	286.21
6	KP DC Gold 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.757	0.843	1.000	397.64	0.711	1.000	282.80
7	KP DC Gold 1700/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.758	0.843	1.000	397.91	0.711	1.000	282.99
8	KP DC Silver 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.693	0.843	1.000	363.74	0.711	1.000	258.69
9	KP DC Silver 2500/40/Dental	537.81	607.49	1.022	1.004	1.000	0.687	0.843	1.000	360.48	0.711	1.000	256.37
10	KP DC Silver 2000/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.694	0.843	1.000	364.33	0.711	1.000	259.11
11	KP DC Silver 2500/30/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.681	0.843	1.000	357.47	0.711	1.000	254.23
12	KP DC Bronze 6150/50/Dental	537.81	607.49	1.022	1.004	1.000	0.651	0.843	1.000	341.65	0.711	1.000	242.98
13	KP DC Bronze 6550/0%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.654	0.843	1.000	343.39	0.711	1.000	244.22
14	KP DC Bronze 5750/30/20%/HSA/Dental	537.81	607.49	1.022	1.004	1.000	0.650	0.843	1.000	341.13	0.711	1.000	242.61
15	KP DC Bronze 6150/50/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.696	0.843	1.000	365.53	0.711	1.000	259.96
16	KP DC Silver 2500/40/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.738	0.843	1.000	387.51	0.711	1.000	275.59
17	KP DC Gold 1000/20/POS/Dental	537.81	607.49	1.022	1.004	1.000	0.824	0.843	1.000	432.47	0.711	1.000	307.57
18	KP DC Platinum HMO Plus 0/10/Dental	537.81	607.49	1.022	1.004	1.000	0.909	0.843	1.000	477.51	0.711	1.000	339.60
19	KP DC Gold HMO Plus 0/20/Dental	537.81	607.49	1.022	1.004	1.000	0.821	0.843	1.000	430.85	0.711	1.000	306.42
20	KP DC Gold DHMO Plus 1500/20/Dental	537.81	607.49	1.022	1.004	1.000	0.788	0.843	1.000	413.55	0.711	1.000	294.11
21	KP DC Silver DHMO Plus 2000/40/Dental	537.81	607.49	1.022	1.004	1.000	0.720	0.843	1.000	378.29	0.711	1.000	269.03
22	KP DC Platinum 0/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.918	0.843	1.000	482.11	0.711	1.000	342.87
23	KP DC Platinum 500/10/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.900	0.843	1.000	472.42	0.711	1.000	335.98
24	KP DC Gold 0/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.828	0.843	1.000	434.99	0.711	1.000	309.36
25	KP DC Gold 500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.810	0.843	1.000	425.10	0.711	1.000	302.33
26	KP DC Gold 1000/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.805	0.843	1.000	422.56	0.711	1.000	300.52
27	KP DC Gold 1500/20/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.795	0.843	1.000	417.52	0.711	1.000	296.94
28	KP DC Gold 1700/0%/HSA/Dental/Sel	537.81	607.49	1.022	1.004	1.000	0.796	0.843	1.000	417.81	0.711	1.000	297.14
Average Value		537.81	598.40	1.022	1.004	1.000	0.816	0.843	1.000	428.47	0.711	1.000	304.72

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2020
District of Columbia Small Group Exchange
Appendix I-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$308.44	\$302.25	\$278.30	\$271.97	\$270.35	\$267.12	\$267.30
21	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
22	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
23	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
24	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
25	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
26	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
27	\$342.87	\$335.98	\$309.36	\$302.33	\$300.52	\$296.94	\$297.14
28	\$350.89	\$343.84	\$316.60	\$309.40	\$307.55	\$303.88	\$304.09
29	\$358.43	\$351.23	\$323.41	\$316.05	\$314.16	\$310.42	\$310.63
30	\$367.39	\$360.02	\$331.49	\$323.95	\$322.02	\$318.18	\$318.39
31	\$376.82	\$340.26	\$340.00	\$332.27	\$330.28	\$326.35	\$326.57
32	\$385.31	\$377.58	\$347.66	\$339.75	\$337.73	\$333.70	\$333.93
33	\$394.27	\$386.36	\$355.75	\$347.65	\$345.58	\$341.46	\$341.69
34	\$403.71	\$395.60	\$364.26	\$355.97	\$353.85	\$349.63	\$349.87
35	\$413.14	\$404.84	\$372.77	\$364.29	\$362.11	\$357.80	\$358.04
36	\$422.57	\$414.09	\$381.28	\$372.61	\$370.38	\$365.96	\$366.21
37	\$432.00	\$423.33	\$389.79	\$380.92	\$378.65	\$374.13	\$374.39
38	\$437.19	\$428.41	\$394.47	\$385.50	\$383.20	\$378.63	\$378.88
39	\$442.38	\$433.50	\$399.15	\$390.07	\$387.74	\$383.12	\$383.38
40	\$459.83	\$450.60	\$414.90	\$405.46	\$403.04	\$398.23	\$398.50
41	\$477.75	\$468.16	\$431.07	\$421.26	\$418.75	\$413.75	\$414.03
42	\$496.62	\$486.64	\$448.09	\$437.89	\$435.28	\$430.09	\$430.38
43	\$515.95	\$505.59	\$465.53	\$454.94	\$452.23	\$446.84	\$447.14
44	\$536.23	\$525.47	\$483.83	\$472.83	\$470.00	\$464.40	\$464.72
45	\$556.98	\$545.80	\$502.56	\$491.12	\$488.19	\$482.37	\$482.70
46	\$578.68	\$567.06	\$522.13	\$510.25	\$507.21	\$501.16	\$501.50
47	\$601.32	\$589.24	\$542.56	\$530.21	\$527.05	\$520.76	\$521.12
48	\$624.90	\$612.35	\$563.83	\$551.01	\$547.72	\$541.19	\$541.56
49	\$649.42	\$636.38	\$585.96	\$572.63	\$569.21	\$562.42	\$562.81
50	\$674.89	\$661.34	\$608.94	\$595.09	\$591.54	\$584.48	\$584.88
51	\$701.30	\$687.22	\$632.77	\$618.38	\$614.69	\$607.35	\$607.77
52	\$728.65	\$714.02	\$657.45	\$642.50	\$638.66	\$631.04	\$631.47
53	\$756.95	\$741.75	\$682.98	\$667.45	\$663.46	\$655.55	\$656.00
54	\$786.66	\$770.87	\$709.79	\$693.65	\$689.51	\$681.28	\$681.75
55	\$817.32	\$800.91	\$737.45	\$720.68	\$716.38	\$707.83	\$708.31
56	\$849.39	\$832.33	\$766.39	\$748.95	\$744.48	\$735.60	\$736.11
57	\$882.40	\$864.68	\$796.17	\$778.06	\$773.42	\$764.19	\$764.72
58	\$916.83	\$898.42	\$827.24	\$808.42	\$803.60	\$794.01	\$794.55
59	\$952.67	\$933.54	\$859.58	\$840.03	\$835.01	\$825.05	\$825.62
60	\$989.93	\$970.05	\$893.20	\$872.88	\$867.67	\$857.32	\$857.91
61	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
62	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
63	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42
64+	\$1,028.60	\$1,007.94	\$928.08	\$906.98	\$901.56	\$890.81	\$891.42

Appendix II.A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Gold	Platinum	Gold	Silver
Age	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)	NP PC (Minors) (18+)
20 and Under	\$296.79	\$290.83	\$267.80	\$250.14	\$257.04	\$231.07	\$220.85	\$221.97	\$220.51	\$236.28	\$221.97	\$220.51	\$236.28	\$221.97	\$220.51	\$236.28	\$221.97	\$220.51	\$236.28	\$221.97
21	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
22	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
23	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
24	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
25	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
26	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
27	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
28	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
29	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
30	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
31	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
32	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
33	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
34	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
35	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
36	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
37	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
38	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
39	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
40	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
41	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
42	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
43	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
44	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
45	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
46	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
47	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
48	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
49	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
50	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
51	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
52	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
53	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
54	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
55	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
56	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
57	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
58	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
59	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
60	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
61	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
62	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
63	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
64	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
65	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
66	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
67	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
68	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
69	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
70	\$329.92	\$323.30	\$297.68	\$289.91	\$288.73	\$268.92	\$261.37	\$269.03	\$261.80	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50	\$242.50	\$256.86	\$242.50
71	\$329																			

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective March 31, 2020
District of Columbia Small Group Exchange
Appendix II-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$311.64	\$305.38	\$281.18	\$274.79	\$273.15	\$269.89	\$270.07
21	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
22	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
23	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
24	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
25	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
26	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
27	\$346.42	\$339.46	\$312.57	\$305.46	\$303.63	\$300.02	\$300.22
28	\$354.53	\$347.40	\$319.88	\$312.61	\$310.74	\$307.03	\$307.24
29	\$362.14	\$354.87	\$326.76	\$319.33	\$317.42	\$313.64	\$313.85
30	\$371.20	\$363.75	\$334.93	\$327.31	\$325.36	\$321.48	\$321.69
31	\$380.72	\$373.09	\$343.52	\$335.71	\$333.70	\$329.73	\$329.95
32	\$389.30	\$381.49	\$351.26	\$343.27	\$341.23	\$337.16	\$337.39
33	\$398.36	\$390.36	\$359.44	\$351.25	\$349.16	\$345.00	\$345.23
34	\$407.89	\$399.70	\$368.03	\$359.66	\$357.52	\$353.25	\$353.50
35	\$417.42	\$409.04	\$376.63	\$368.06	\$365.86	\$361.51	\$361.75
36	\$426.95	\$418.38	\$385.23	\$376.47	\$374.22	\$369.75	\$370.00
37	\$436.48	\$427.72	\$393.83	\$384.87	\$382.57	\$378.01	\$378.27
38	\$441.72	\$432.85	\$398.56	\$389.49	\$387.17	\$382.55	\$382.81
39	\$446.96	\$437.99	\$403.29	\$394.11	\$391.76	\$387.09	\$387.35
40	\$464.60	\$455.27	\$419.20	\$409.66	\$407.22	\$402.36	\$402.63
41	\$482.70	\$473.01	\$435.54	\$425.63	\$423.09	\$418.04	\$418.32
42	\$501.77	\$491.68	\$452.73	\$442.43	\$439.79	\$434.55	\$434.84
43	\$521.30	\$510.83	\$470.35	\$459.65	\$456.92	\$451.47	\$451.77
44	\$541.79	\$530.92	\$488.84	\$477.73	\$474.87	\$469.21	\$469.54
45	\$562.75	\$551.46	\$507.77	\$496.21	\$493.25	\$487.37	\$487.70
46	\$584.68	\$572.94	\$527.54	\$515.54	\$512.47	\$506.35	\$506.70
47	\$607.55	\$595.35	\$548.18	\$535.70	\$532.51	\$526.16	\$526.52
48	\$631.38	\$618.70	\$569.67	\$556.72	\$553.40	\$546.80	\$547.17
49	\$656.15	\$642.97	\$592.03	\$578.56	\$575.11	\$568.25	\$568.64
50	\$681.88	\$668.19	\$615.25	\$601.26	\$597.67	\$590.54	\$590.94
51	\$708.57	\$694.34	\$639.33	\$624.79	\$621.06	\$613.64	\$614.07
52	\$736.20	\$721.42	\$664.26	\$649.16	\$645.28	\$637.58	\$638.01
53	\$764.79	\$749.44	\$690.06	\$674.37	\$670.34	\$662.34	\$662.80
54	\$794.81	\$778.86	\$717.15	\$700.84	\$696.66	\$688.34	\$688.81
55	\$825.79	\$809.21	\$745.09	\$728.15	\$723.80	\$715.16	\$715.65
56	\$858.19	\$840.96	\$774.33	\$756.71	\$752.19	\$743.22	\$743.74
57	\$891.54	\$873.64	\$804.42	\$786.12	\$781.43	\$772.11	\$772.64
58	\$926.33	\$907.73	\$835.81	\$816.80	\$811.93	\$802.24	\$802.78
59	\$962.54	\$943.21	\$868.49	\$848.73	\$843.66	\$833.60	\$834.18
60	\$1,000.19	\$980.10	\$902.46	\$881.93	\$876.66	\$866.20	\$866.80
61	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
62	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
63	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66
64+	\$1,039.26	\$1,018.38	\$937.70	\$916.38	\$910.89	\$900.04	\$900.66

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective June 30, 2020
District of Columbia Small Group Exchange
Appendix III-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$314.87	\$308.55	\$284.10	\$277.64	\$275.98	\$272.68	\$272.87
21	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
22	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
23	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
24	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
25	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
26	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
27	\$350.01	\$342.98	\$315.80	\$308.63	\$306.78	\$303.13	\$303.33
28	\$358.20	\$351.00	\$323.20	\$315.85	\$313.96	\$310.21	\$310.42
29	\$365.90	\$358.55	\$330.15	\$322.63	\$320.70	\$316.89	\$317.10
30	\$375.04	\$367.52	\$338.40	\$330.70	\$328.73	\$324.81	\$325.02
31	\$384.67	\$376.95	\$347.08	\$339.19	\$337.16	\$333.15	\$333.37
32	\$393.34	\$385.45	\$354.90	\$346.83	\$344.77	\$340.65	\$340.89
33	\$402.48	\$394.41	\$363.16	\$354.89	\$352.78	\$348.57	\$348.81
34	\$412.12	\$403.84	\$371.85	\$363.39	\$361.22	\$356.91	\$357.16
35	\$421.75	\$413.27	\$380.54	\$371.88	\$369.65	\$365.25	\$365.50
36	\$431.37	\$422.72	\$389.22	\$380.37	\$378.10	\$373.58	\$373.84
37	\$441.00	\$432.15	\$397.91	\$388.86	\$386.54	\$381.92	\$382.19
38	\$446.30	\$437.33	\$402.69	\$393.53	\$391.18	\$386.52	\$386.77
39	\$451.60	\$442.53	\$407.47	\$398.20	\$395.82	\$391.10	\$391.37
40	\$469.41	\$459.99	\$423.54	\$413.91	\$411.44	\$406.53	\$406.80
41	\$487.70	\$477.91	\$440.05	\$430.04	\$427.47	\$422.37	\$422.66
42	\$506.97	\$496.78	\$457.42	\$447.01	\$444.35	\$439.05	\$439.35
43	\$526.70	\$516.12	\$475.23	\$464.42	\$461.65	\$456.15	\$456.46
44	\$547.40	\$536.42	\$493.91	\$482.68	\$479.79	\$474.07	\$474.40
45	\$568.58	\$557.17	\$513.03	\$501.35	\$498.36	\$492.42	\$492.76
46	\$590.74	\$578.87	\$533.01	\$520.88	\$517.78	\$511.60	\$511.95
47	\$613.85	\$601.52	\$553.86	\$541.26	\$538.03	\$531.61	\$531.98
48	\$637.92	\$625.11	\$575.58	\$562.49	\$559.13	\$552.46	\$552.84
49	\$662.95	\$649.64	\$598.17	\$584.56	\$581.07	\$574.14	\$574.53
50	\$688.95	\$675.12	\$621.63	\$607.49	\$603.86	\$596.66	\$597.06
51	\$715.91	\$701.54	\$645.95	\$631.26	\$627.50	\$620.00	\$620.43
52	\$743.83	\$728.89	\$671.15	\$655.88	\$651.96	\$644.19	\$644.63
53	\$772.72	\$757.20	\$697.21	\$681.35	\$677.28	\$669.21	\$669.67
54	\$803.05	\$786.93	\$724.58	\$708.10	\$703.87	\$695.47	\$695.95
55	\$834.35	\$817.59	\$752.81	\$735.69	\$731.30	\$722.58	\$723.07
56	\$867.08	\$849.67	\$782.36	\$764.55	\$759.99	\$750.92	\$751.45
57	\$900.78	\$882.69	\$812.76	\$794.27	\$789.53	\$780.11	\$780.65
58	\$935.93	\$917.14	\$844.47	\$825.26	\$820.34	\$810.55	\$811.10
59	\$972.52	\$952.99	\$877.49	\$857.53	\$852.41	\$842.24	\$842.82
60	\$1,010.55	\$990.26	\$911.81	\$891.06	\$885.75	\$875.18	\$875.78
61	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
62	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
63	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99
64+	\$1,050.03	\$1,028.94	\$947.40	\$925.87	\$920.34	\$909.37	\$909.99

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective September 30, 2020
District of Columbia Small Group Exchange
Appendix IV-B

	22	23	24	25	26	27	28
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel
20 and Under	\$318.13	\$311.74	\$287.04	\$280.51	\$278.84	\$275.51	\$275.70
21	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
22	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
23	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
24	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
25	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
26	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
27	\$353.64	\$346.53	\$319.08	\$311.83	\$309.96	\$306.27	\$306.47
28	\$361.91	\$354.64	\$326.54	\$319.12	\$317.21	\$313.43	\$313.64
29	\$369.69	\$362.26	\$333.57	\$325.98	\$324.03	\$320.17	\$320.39
30	\$378.93	\$371.33	\$341.90	\$334.13	\$332.13	\$328.17	\$328.39
31	\$388.66	\$380.86	\$350.68	\$342.71	\$340.65	\$336.60	\$336.83
32	\$397.41	\$389.44	\$358.58	\$350.42	\$348.34	\$344.18	\$344.42
33	\$406.65	\$398.50	\$366.92	\$358.57	\$356.44	\$352.19	\$352.42
34	\$416.39	\$408.03	\$375.70	\$367.15	\$364.96	\$360.61	\$360.86
35	\$426.12	\$417.56	\$384.48	\$375.73	\$373.48	\$369.04	\$369.29
36	\$435.84	\$427.10	\$393.26	\$384.31	\$382.01	\$377.46	\$377.71
37	\$445.57	\$436.63	\$402.03	\$392.89	\$390.54	\$385.88	\$386.15
38	\$450.92	\$441.87	\$406.86	\$397.61	\$395.24	\$390.52	\$390.78
39	\$456.28	\$447.12	\$411.69	\$402.32	\$399.92	\$395.15	\$395.42
40	\$474.27	\$464.75	\$427.93	\$418.20	\$415.70	\$410.74	\$411.02
41	\$492.76	\$482.87	\$444.61	\$434.49	\$431.90	\$426.75	\$427.04
42	\$512.22	\$501.93	\$462.16	\$451.64	\$448.95	\$443.60	\$443.90
43	\$532.16	\$521.47	\$480.15	\$469.23	\$466.43	\$460.88	\$461.19
44	\$553.07	\$541.98	\$499.03	\$487.68	\$484.76	\$478.99	\$479.32
45	\$574.48	\$562.94	\$518.35	\$506.55	\$503.52	\$497.52	\$497.86
46	\$596.86	\$584.87	\$538.53	\$526.28	\$523.14	\$516.90	\$517.25
47	\$620.21	\$607.75	\$559.60	\$546.86	\$543.61	\$537.12	\$537.49
48	\$644.53	\$631.58	\$581.54	\$568.32	\$564.92	\$558.19	\$558.57
49	\$669.82	\$656.37	\$604.37	\$590.62	\$587.09	\$580.09	\$580.49
50	\$696.09	\$682.11	\$628.07	\$613.78	\$610.12	\$602.84	\$603.25
51	\$723.33	\$708.81	\$652.65	\$637.80	\$634.00	\$626.43	\$626.86
52	\$751.54	\$736.45	\$678.10	\$662.68	\$658.72	\$650.86	\$651.31
53	\$780.73	\$765.05	\$704.43	\$688.42	\$684.30	\$676.14	\$676.61
54	\$811.37	\$795.08	\$732.09	\$715.44	\$711.17	\$702.68	\$703.16
55	\$842.99	\$826.07	\$760.61	\$743.32	\$738.88	\$730.06	\$730.56
56	\$876.07	\$858.47	\$790.46	\$772.48	\$767.86	\$758.71	\$759.23
57	\$910.12	\$891.84	\$821.18	\$802.50	\$797.71	\$788.19	\$788.74
58	\$945.63	\$926.64	\$853.22	\$833.81	\$828.84	\$818.95	\$819.51
59	\$982.59	\$962.86	\$886.58	\$866.42	\$861.24	\$850.97	\$851.55
60	\$1,021.02	\$1,000.52	\$921.26	\$900.30	\$894.92	\$884.25	\$884.86
61	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
62	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
63	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41
64+	\$1,060.91	\$1,039.59	\$957.23	\$935.47	\$929.88	\$918.79	\$919.41



KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street Rockville, Maryland 20852

May 23, 2019

Mr. Efren Tanhehco
Supervisory Actuary
Department of Insurance and Securities
Insurance Product Division
810 First Street, N.E.
Washington, DC 20002

Re: NAIC #: 95639
HIOS Issuer ID 94506
Small Group On-Exchange Rate Filing
Filing #2

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2020. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall impact to the index rate is 3.7%.

Sincerely,

Stephen Chuang
Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-5854
Fax: 301-816-7124
Email: stephen.chuang@kp.org

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-131935469
Date of Submission	5/23/2019
Proposed Effective Date	1/1/2020

	Average Annual Premium
Before Rate Change	\$7,417
After Rate Change	\$7,640

	Amount in SERFF's Rate Review Detail Sector			Explanation for differences
Proposed Overall Rate Change	3.00%	3.00%	XXX	
Proposed Minimum Rate Change	1.50%	1.90%	XXX	
Proposed Maximum Rate Change	6.00%	6.00%	XXX	

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

XXX

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	441	400	0.908	e.g. previous filing experience period index rate compared to the current filing experience index rate
Base Period Utilization Factor	1	1	1.043	If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
Pricing Trend	1	1	1.006	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)
Morbidity Adjustment	1	1	1.000	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Risk Adjustment Recoveries	1	1	1.093	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Pont Up Demand	1	1	1.000	
Reinsurance Recoveries	1	1	1.000	
Reinsurance Premium	1	1	1.000	
Average Age Impact	1	1	0.996	
Additional EHB	1	1	1.001	
Exchange Fee	1	1	1.000	
Fixed Cost Adjustment	XXXX	XXXX	1.000	
SG&A	XXXX	XXXX	1.000	
Margin	XXXX	XXXX	1.000	
Taxes and Fees	XXXX	XXXX	1.000	
Benefit Design Changes	XXXX	XXXX	1.000	
Geography	XXXX	XXXX	1.000	
Tobacco	XXXX	XXXX	1.000	
Provider Networks Changes	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
Total Rate Change			1.037	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17			1.030	
The 3.7% from Total Rate Change is the increase in the Market Adjusted Index Rate from 2019 to 2020. The 3% increase is the weighted average increase calculated from 2019 to 2020 plans based on member months.				

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, If applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	2,547	3,785	0
Increase of 5.01% to 10.00%	61	91	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	2,609	3,876	0

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2016	0.20%	0.20%
2017	2.00%	2.00%
2018	5.00%	5.00%
2019	0.00%	0.00%

Retention

	MPPM in effect during the experience period	MPPM from Most Recent Approved Rate Filing	Proposed MPPM for Effective Date	Proposed Change in MPPM Compared to Prior 12 months	Proposed Change in MPPM Compared to Most Recently Approved Filing
	Dates	12/31/2018	12/31/2019	12/31/2020	
Commissions & Brokers Fees	\$28.22	\$26.30	\$18.09	-35.90%	-31.24%
Taxes, Licenses & Fees	\$11.28	\$8.00	\$12.51	10.94%	56.42%
Exchange Fee	\$3.99	\$4.00	\$4.28	7.33%	7.13%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$44.35	\$45.38	\$45.40	4.62%	2.26%
Profit/Risk Margin	\$48.62	\$140.46	\$156.78	222.46%	11.62%
Total	\$39.22	-\$56.79	-\$75.50	-292.51%	32.95%
Variable	\$39.22	-\$56.79	-\$75.50	-292.51%	32.95%
Non-Variable	\$0.00	\$0.00	\$0.00		
Total	\$39.22	-\$56.79	-\$75.50	-292.51%	32.95%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	7.07%	6.58%	4.22%	-40.30%	-35.83%
Taxes, Licenses & Fees	2.83%	2.00%	2.92%	3.36%	46.00%
Exchange Fee	1.00%	1.00%	1.00%	0.00%	0.00%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	11.11%	11.35%	10.83%	-2.55%	-4.58%
Profit/Risk Margin	-12.18%	-35.12%	-36.59%	200.42%	4.18%
Total	9.82%	-14.20%	-17.62%	-279.39%	24.11%
Variable	9.82%	-14.20%	-17.62%	-279.39%	24.11%
Non-Variable	0.00%	0.00%	0.00%		
Total	9.82%	-14.20%	-17.62%	-279.39%	24.11%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

Historical Experience (ACA Only):		Incurred or Allowed Basis? ⁽¹⁾		(1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").									
		Allowed											
Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Allowed Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Allowed Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
	Jan-2016	6,653	\$311.28				1.00	1.00	1.00	\$311.28			
	Feb-2016	6,678	\$290.82				1.00	1.00	1.00	\$290.82			
	Mar-2016	6,884	\$385.82				1.00	1.00	1.00	\$385.82			
	Apr-2016	6,802	\$360.51				1.00	1.00	1.00	\$360.51			
	May-2016	6,645	\$311.18				1.00	1.00	1.00	\$311.18			
	Jun-2016	6,387	\$338.30				8.66%	1.00	1.00	\$338.30			8.66%
	Jul-2016	6,319	\$320.20				24.17%	1.00	1.00	\$320.20			-24.17%
	Aug-2016	6,254	\$351.60				-17.23%	1.00	1.00	\$351.60			-17.23%
	Sep-2016	6,071	\$326.13				-4.86%	1.00	1.00	\$326.13			-4.86%
	Oct-2016	6,021	\$328.07				16.22%	1.00	1.00	\$328.07			16.22%
	Nov-2016	5,915	\$340.89				-5.84%	1.00	1.00	\$340.89			-5.84%
	Dec-2016	5,766	\$369.55		3.48%		16.84%	1.00	1.00	\$369.55		3.48%	16.84%
	Jan-2017	6,623	\$396.52		10.90%		48.10%	1.00	1.00	\$396.52		10.90%	48.10%
	Feb-2017	6,562	\$364.74		5.86%		67.57%	1.00	1.00	\$364.74		5.86%	67.57%
	Mar-2017	7,021	\$393.71		20.05%		53.89%	1.00	1.00	\$393.71		20.05%	53.89%
	Apr-2017	6,791	\$366.68		28.36%		5.87%	1.00	1.00	\$366.68		28.36%	5.87%
	May-2017	6,646	\$409.97		31.96%		14.17%	1.00	1.00	\$409.97		31.96%	14.17%
	Jun-2017	6,523	\$430.84		34.72%		18.66%	1.00	1.00	\$430.84		34.72%	18.66%
	Jul-2017	6,516	\$410.49		25.95%		52.39%	1.00	1.00	\$410.49		25.95%	52.39%
	Aug-2017	6,560	\$448.76		33.10%		47.85%	1.00	1.00	\$448.76		33.10%	47.85%
	Sep-2017	6,552	\$425.00		27.97%		28.56%	1.00	1.00	\$425.00		27.97%	28.56%
	Oct-2017	6,475	\$729.72		62.45%		168.16%	1.00	1.00	\$729.72		62.45%	168.16%
	Nov-2017	6,460	\$467.25		59.60%		149.03%	1.00	1.00	\$467.25		59.60%	149.03%
	Dec-2017	6,453	\$539.31	33.16%	63.35%		234.29%	1.00	1.00	\$539.31	33.16%	63.35%	234.29%
	Jan-2018	7,240	\$525.64	33.59%	74.11%		-15.75%	1.00	1.00	\$525.64	33.59%	74.11%	-15.75%
	Feb-2018	7,375	\$449.95	33.08%	61.83%		-24.66%	1.00	1.00	\$449.95	33.08%	61.83%	-24.66%
	Mar-2018	7,439	\$391.73	32.63%	52.85%		-61.78%	1.00	1.00	\$391.73	32.63%	52.85%	-61.78%
	Apr-2018	7,314	\$408.24	33.29%	-5.63%		-55.94%	1.00	1.00	\$408.24	33.29%	-5.63%	-55.94%
	May-2018	7,262	\$372.49	29.07%	-15.51%		-63.62%	1.00	1.00	\$372.49	29.07%	-15.51%	-63.62%
	Jun-2018	7,178	\$409.46	25.73%	-28.25%		-42.28%	1.00	1.00	\$409.46	25.73%	-28.25%	-42.28%
	Jul-2018	7,163	\$325.67	21.16%	-43.33%		-38.27%	1.00	1.00	\$325.67	21.16%	-43.33%	-38.27%
	Aug-2018	7,121	\$416.01	17.84%	-44.74%		-7.21%	1.00	1.00	\$416.01	17.84%	-44.74%	-7.21%
	Sep-2018	7,097	\$319.39	13.13%	-46.45%		-36.85%	1.00	1.00	\$319.39	13.13%	-46.45%	-36.85%
	Oct-2018	7,087	\$505.72	0.43%	-28.16%		57.51%	1.00	1.00	\$505.72	0.43%	-28.16%	57.51%
	Nov-2018	6,970	\$386.42	-3.30%	-22.01%		22.82%	1.00	1.00	\$386.42	-3.30%	-22.01%	22.82%
	Dec-2018	6,921	\$364.70	-9.15%	-17.81%	98.04%	1.00	1.00	1.00	\$364.70	-9.15%	-17.81%	98.04%
Last Month in Experience Period													

If applicable, please provide an explanation for the Other normalization factor.

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The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Kaiser is a unique healthcare company with majority internal expense, trend factors included in Exhibit 8 of filing exhibits

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	473,491,569	436,957,951
Authorized Control Level	82,624,411	82,624,411
RBC Ratio	573.06%	528.85%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2014	12/31/2014	34,232	9,806,246	10,606,713	92.5%
Historical Year -3	1/1/2015	12/31/2015	47,824	13,054,332	13,041,115	100.1%
Historical Year -2	1/1/2016	12/31/2016	46,588	14,185,442	12,226,942	116.0%
Historical Year -1	1/1/2017	12/31/2017	43,336	18,315,541	14,803,557	122.9%
Historical Year 0	1/1/2018	12/31/2018	46,519	16,305,477	17,674,898	92.3%
Historical Totals			218,499	71,667,039	68,453,226	104.7%

Interim Time Period	1/1/2019	3/31/2019	0	0	0	
Future Year 1	1/1/2020	12/31/2020	0	0	0	

Anticipated Pricing Loss Ratio (no adjustments)	>121.5%
Anticipated LR using Federally-prescribed MLR methodology	>121.5%

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Section III of WS2 of the 2020 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT.

Please see the example below.

Actuarial value and cost-sharing design of the plan	
Actuarial value and cost-sharing design of the plan (From the URRT)	0.900

Expected Incurred Claims	A-to-E Claims Ratio
8,765,212	111.9%
15,142,508	86.2%
15,935,863	89.0%
19,966,009	91.7%
19,072,350	85.5%
78,881,942	90.9%

0	
0	

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	92.5%
0	0	100.1%
0	0	116.0%
0	0	122.9%
0	0	92.3%
0	0	104.7%

0	0	#DIV/0!
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Paid/Allowed Ratio (Cost-Sharing only)	0.783
Used induced utilization factors	1.150
Calculated	0.900

In the text box, please state where in the filing it is located.

Submitted to SERFF Supporting Documents as "DC SG Actuarial Value and Cost Sharing Design"

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	12/31/2018	12/31/2019	12/31/2020		
Total Risk adjustment (Dollar amount)	(\$2,935,265)	(\$1,549,597)	(\$3,972,360)		
Membership Member Months	46,519	48,056	54,232	16.58%	12.85%
PMPM	(\$63.10)	(\$32.25)	(\$73.25)	16.08%	127.15%
Premium	\$18,874,777	\$19,840,028	\$23,236,908	23.11%	16.53%
As a % of Premium	-16%	-8%	-17%	9.93%	119.98%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

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Unified Rate Review v5.0

Company Legal Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HICS Issuer ID: HCS06

Effective Date of Rate Change(s): 1/1/2020

State: DC

Market: Small Group

Section I: Experience Period Data

Experience Period: 1/1/2020 To 12/31/2018

Allowed Claims \$35,055,965.02

Reinsurance \$0.00

Incurred Claims in Experience Period \$30,223,615.98

Risk Adjustment -\$5,928,921.96

Experience Period Premium \$32,761,956.38

Experience Period Member Months 86,277

Section II: Projections

Benefit Category Experience Period Index Rate PMPM Year 1 Trend Cost Utilization Year 2 Trend Cost Utilization Trended EHB Allowed Claims PMPM

Outpatient Hospital \$75.44 1.035 1.020 1.035 1.020 \$84.08

Outpatient Hospital \$46.41 1.010 1.010 1.010 1.010 \$49.26

Professional \$180.07 1.010 1.011 1.010 1.011 \$202.74

Other Medical \$7.29 1.016 1.016 1.016 1.016 \$7.89

Capitation \$1.29 1.032 1.000 1.032 1.000 \$1.28

Prescription Drug \$79.46 1.034 1.000 1.034 1.000 \$85.61

Total \$399.87 \$433.95

Manual EHB Allowed Claims PMPM \$0.00

Applied Credibility % 100.00%

Projected Period Totals

Projected Index Rate for 1/1/2020 \$451.24

Reinsurance \$0.00

Risk Adjustment Payment/Charge -\$80.89

Exchange User Fees \$262,498.11

Market Adjusted Index Rate \$537.51

Projected Member Months 54,232

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS Issuer ID:	94506
Effective Date of Rate Change(s):	1/1/2020

State:	DC	To validate, select the Validate button or Ctrl + Shift + I .
Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F .

Product/Plan Level Calculations

Field #		Section 1: General Product and Plan Information
1.1	Product Name:	Small Group WAP (The Business)

[illegible]

Worksheet 1 Totals	Section II: Experience Period and
	3.3. Day ID (Standard Component ID)

[illegible][illegible]

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
re offering plans within and add a factor for each area.
tton or Ctrl + Shift + I.
on or Ctrl + Shift + F.*

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic
 SERFF tracking number KPMA-131935469
 Submission Date May 23, 2019
 Product Name Small Group
 Market Type ☐ Individual ☒ Small Group
 Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 3 % increase is requested because:
 Expenses for 2020 are expected to be higher than 2019.

This filing will impact:

of policyholder's 2,609

of covered lives 3,876

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 3 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 1.9 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 6 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals increases vary from the average rate increase (that is, the overall average increase) primarily because of plan specific changes and recognition of being a year older. On average, health costs increase with age.

Financial Experience of Product

The overall financial experience of the product includes:

It is too early to predict accurately what the financial performance will be in 2019.

The rate increase will affect the projected financial experience of the product by:

For 2019, Kaiser expects to have negative capital contribution of -36.59% of premium, after paying all expenses attributable to this portfolio.

Components of Increase

The request is made up of the following components:

Trend Increases – % of the 3 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the 3 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the 3 % total filed increase.

Other Increases – % of the 3 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the 3 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the 3 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the 3 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the 3 % total filed increase.

5. Other – Defined as:

This component is % of the 3 % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum (Pages 2-7)
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 1)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 12) SG AM (Exhibit 12)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF URRT SG URRT
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Supporting Documentation (Absolute Maximum Premium Increase Exh)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-13)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 8
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	AM (Exhibit 12)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 13)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Page 3)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Page 4)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	AM (Exhibit 10)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Page 5)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	AM (Exhibit 9)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Page 3)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Page 4)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	AM (Exhibits 3 and 10)
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-13)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	KPIF AM (Page 8) SG AM (Page 8)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	<p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/A	N/A
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CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

John Xu

(Print Name)

A handwritten signature in black ink, appearing to read "John Xu", written over a horizontal line.

(Signature)